REPORT

OF THE

MENTAL DEFICIENCY COMMITTEE

being a Joint Committee of the

BOARD OF EDUCATION AND BOARD OF CONTROL

PART I — General.

PART II — The Mentally Defective Child.

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MENTAL DEFICIENCY COMMITTEE

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The estimated gross cost of the special investigation into the incidence of Mental Deficiency and of the preparation of Parts I, II and IV of this Report is £5,081 0*s.* 9*d.*, of which £385 represents the gross cost of printing and publishing these parts of the Report.

Sir George Newman, K.C.B.,
Chief Medical Officer,
Board of Education,
Whitehall, S.W.1.

Sir,

I have the honour to submit the report* of the Committee appointed by you as Chief Medical Officer of the Board of Education on the 23rd June, 1924, to consider the problems presented by the mentally defective child. As you are aware, the scope of our deliberations was extended early in 1925 so as to include adult defectives, and our report is accordingly being presented also to the Chairman of the Board of Control.

The Committee met on 42 occasions. In addition a number of meetings of Sub-committees were held to consider those aspects of the question of which particular members were more closely cognisant.

At an early stage we were forced to the conclusion that the only way of supplying an answer to the first of the questions which you put to us, namely, "How many mental defectives are there?" was to hold an investigation in a number of typical areas. We wish to express our thanks to the Board of Control and the Board of Education for having put at our disposal funds for this purpose. With this assistance we were able to secure the services, as Medical Investigator, of Dr. E. O. Lewis, whose report on his inquiry is attached to ours. His investigation covered six areas each containing a population of about 100,000. Within these limits we believe that his investigation was more comprehensive than any similar inquiry hitherto held in this or in any other country, and we are convinced that Dr. Lewis' findings can be accepted not only as furnishing a reliable answer in regard to the question of incidence of mental defect, but also as affording very useful guidance to the Committee in their consideration of your second main question, namely, "What is the best way of dealing with mental defectives?"

Apart from the use which we have ourselves made of his report, we believe that it will prove of the highest value to all those who are concerned in any way with the various aspects, administrative, scientific, or social, of mental deficiency.

We realised from the first that if Dr. Lewis were to be given adequate time in which to complete his field work, tabulate his data and prepare his report, a considerable period must elapse before our own report, which is necessarily based to a large extent on his findings, could be completed, though all possible progress was made with its preparation while Dr. Lewis was at work. The preliminary arrangements for his inquiry, the investigation itself,

* Since this letter was written the form of the report has been altered on the lines indicated in the Prefatory Note.

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and the writing of his report occupied three and a half years, after which a further period was required by the Committee for the completion of their report. We are conscious that our report has grown to dimensions which we did not contemplate at the outset, but it seemed to us impossible to make our recommendations for the future fully intelligible unless on the one hand we related them to the background of a clear and detailed description of present conditions and on the other broke away from piecemeal suggestions and tried to look at the problem as a whole. We hope that sufficient value may be found in Dr. Lewis' report and in our own to compensate both for their length and for the delay in presenting them. The questions with which we have had to deal constitute one of the major social problems of our time, and we are convinced that treatment less thorough could have been of little or no permanent use to the Departments concerned, and through them to the country at large.

I have the honour to be, Sir,
on behalf of the Committee,
Your obedient Servant,
(Signed) A. H. WOOD,
Chairman.

Romeyns Court,
Great Milton,
Oxford.
19*th January*, 1929.

Members of the Mental Deficiency Committee.

Arthur H. Wood, M.A., C.B., late Assistant Secretary, Medical Branch, Board of Education, *Chairman.*

Ralph H. Crowley, M.D., M.R.C.P., Senior Medical Officer, Board of Education, *Vice-Chairman.*

Cyril L. Burt, M.A., D.Sc., Professor of Education, University of London, Psychologist, London County Council.

Cecil Eaton, M.A , Assistant Secretary, Medical Branch, Board of Education.

Miss Evelyn Fox, Honorary Secretary, Central Association for Mental Welfare.

Mrs. Hume Pinsent, M.A., C.B.E., Commissioner, Board of Control.

Miss Hilda Redfern, Head Mistress, Monyhull Colony School for Mentally Defective Children, Birmingham (since 1927, Inspector, Board of Control).

Frank C. Shrubsall, M.D., F.R.C.P., Senior Medical Officer, London County Council.

Alfred F. Tredgold, M.D., M.R.C.P., F.R.S. Ed., Lecturer in Mental Deficiency, London University, Assistant Physician in Psychological Medicine, University College Hospital, etc.

F. Douglas Turner, M.B., Medical Superintendent, Royal Eastern Counties Institution, Colchester.

N. D. Bosworth Smith, Principal, Medical Branch, Board of Education, *Secretary.*

To the Right Hon. Lord Eustace Percy, M.P.,
President of the Board of Education.

My Lord,

I have the honour to submit the Report of the Special Committee appointed by me in 1924, to consider the problems presented by Mental Deficiency among children of school age.

The Report is a most valuable survey of the whole problem, and, as I understand that you are anxious that Local Education Authorities and others interested should be afforded the opportunity and advantage of seeing the Report at the earliest possible moment, I submit it forthwith.

I have the honour to be,

My Lord,

Your obedient Servant,

GEORGE NEWMAN.

WHITEHALL,
January, 1929.

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PREFATORY NOTE.

The Committee in their Report as originally presented, while naturally distinguishing between the functions of Local Education and Mental Deficiency Authorities and between the requirements of older and younger defectives, endeavoured to deal comprehensively with mental deficiency, a subject which must be regarded as a unit problem. The Board of Education however were of opinion that it would be more convenient for their purposes if the Report were divided into two parts, one dealing with children and the other with adults, and inasmuch as the Committee were appointed with the object of advising the Board in matters affecting their administration they felt bound to comply with their wishes. The Committee are conscious that this division increases the difficulty of presenting the several aspects of the problem in their proper sequence and in the right perspective, but they hope that the advantages which the Board are anxious to secure will compensate for any loss of coherence and force which the Report may thus have suffered.

The Report is now arranged on the following broad lines :—

Part I, consisting of Chapters I, II and III describes the functions and work of the Committee, discusses the meaning of Mental Deficiency and states the legal basis on which administration rests. This Part forms a general introduction to the whole Report.

Part II, which consists of Chapters IV to IX, deals with the problem of the mentally deficient child. A brief description of the contents of this Part of the Report is given in Chapter I.

Part III describes the present provision for adult defectives, makes suggestions and recommendations for the future in the light of the findings of the Committee's special investigation and discusses the wider aspects of Mental Deficiency as a social and genetic problem.

Part IV is the Report of the special investigation into the incidence of mental deficiency by Dr. E. O. Lewis.

PART I.—GENERAL.

CHAPTER I.

THE ORIGIN AND PURPOSE OF THE COMMITTEE.

1. The Mental Deficiency Act, 1913, which first laid upon Local Education Authorities the duty of discovering all the mentally defective children in their areas between the ages of 7 and 16, came into force on the first of April, 1914. The Elementary Education (Defective and Epileptic Children) Act, 1914, which first laid upon these Authorities the duty* of providing education for these children, came into force on August 1st, 1914. On August 4th, 1914, began the Great War.

2. These dates are of obvious importance. The ascertainment of mentally defective children is a difficult and laborious business and makes considerable inroads upon the time of the staff, especially the medical staff, of the Local Education Authority. The provision of new schools for all the mentally defective children for whom the Authority became responsible under the Act of 1914 clearly entailed a large amount of new building and the expenditure of much time and money. Inevitably the war made it hardly possible so much as to make a beginning with the activities imposed by the new Acts and it was not till something approaching normal conditions had been re-established after the war that it became feasible for Local Education Authorities or the Board of Education to give any serious attention to their new obligations. When this time arrived and the returns made by Local Education Authorities to the Board of Education of the number of mentally defective children in their areas were tabulated and scrutinised, the results were somewhat surprising. Some considerable variation was only to be expected, but the actual figures went far beyond anything that was reasonable. It was found that according to these returns the incidence of mental defect varied from 0·73 per thousand children in average attendance in one area to 16·14 in another, with a complete range of intermediate figures in the other areas. In other words, the returns appeared to show that the incidence of defect might be as much as twenty times as great in one area as in another, a conclusion which could only be regarded as fantastic. It is obvious that no sound administration could be built on such figures, and that little progress could be made until the number of mentally defective children who were likely to be found in any area could be known with reasonable accuracy. An Authority might take a census, conclude that it had, say, 100 mentally defective children to provide for, and decide to

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* Local Education Authorities were given the *power* but not the duty to provide special education for mentally defective children by the Elementary Education (Defective and Epileptic Children) Act, 1899.

build a school for that number. But what guarantee was there that the number of children was correct ? Other areas, with the same total number of children, would claim to find 50 or 200 mentally defective children. Which was right ? Should the Board of Education restrict each of these areas to 50, or urge them all to provide for 200 ? It is safe to say that no trustworthy data existed upon which a reliable answer to these questions could be based. Some, or even many, of the causes of the variations in the Authorities' returns were known and could be allowed for. But when every allowance had been made, it remained true that the margin of variation was still large and unexplained. No one really knew whether, in fact, the variations were due merely to such reasons as differences in diagnosis or even in thoroughness of search, or to a real difference in the actual incidence of defect in different areas. Until this information was available, any Authority which desired to fulfil its obligations towards mentally defective children was, in fact, working in the dark.

3. A further consideration of fundamental importance came up inevitably for discussion when Authorities and the Board of Education addressed themselves to their new duties under the Acts. Was it clear that the methods of providing for mentally defective children which had been in vogue on a voluntary basis before the new Acts were passed, were the right ones ? The new Acts involved an enormous extension of work of a kind that would clearly be very costly to the State. Was it not prudent at this stage to pause and consider whether all that was needed was a mere extension of the existing system, or whether the experience gained in the years that had passed since 1899 might not suggest some modifications and improvements ?

4. We understand that it was with a view to finding an answer to these questions that the Chief Medical Officer of the Board of Education decided in the summer of 1924 to call together a small Committee which should meet and discuss these fundamental problems. The Committee was to consist of representatives of the Board of Education and the Board of Control and of persons outside these Departments who had intimate and expert knowledge and experience of different aspects of the question. The intention at the outset was that the discussions should be quite informal and no specific terms of reference were drawn up. The Committee was merely invited to assist the two Departments by considering such aspects of the problem of mental deficiency in children as may be summed up comprehensively in two simple questions—first, how many mentally defective children are there ? and secondly, what is the best thing to do with them ?

5. At an early stage of their proceedings the Committee came to the conclusion that the scope of their discussions could not profitably be confined to children falling within the province of the Board of Education, but must extend to children of all grades of mental defect.

Problems similar to those affecting the educable child had arisen in regard to the child who was merely trainable, and other problems arose in regard to the still lower grade children. Any solution of the problem of dealing with the one category depended upon, and at the same time affected, the solution of that of dealing with the other category. The Committee felt, therefore, that if they were to arrive at any fundamental conclusions they must consider the problem of mentally defective children as a whole.

But it soon became clear that a still further extension of the field of inquiry was necessary. The Board of Control were no less concerned than the Board of Education to know how many defectives there were in the country who were or might become subject to be dealt with under the Mental Deficiency Act. Local M.D. Authorities were asked, directly the Mental Deficiency Act of 1913 came into force, to undertake and complete the work of ascertainment. But this work was for many reasons extremely difficult and the returns of these Authorities were no more reliable, taken as a whole, than those of Local Education Authorities ; in fact, in many cases they were less so. They did not furnish trustworthy statistics to show the extent of the problem and the Board of Control had no accurate information to guide them in advising Local M.D. Authorities for how many cases in each of the various categories they were likely to have to provide. The Committee were driven, therefore, to the conclusion that if their labours were to be really fruitful, their deliberations must not be confined to children, but must range over the whole field of the mentally defective.

6. These views commended themselves to the two Boards concerned and early in 1925 the Committee became in effect a Joint Committee of the Board of Education and Board of Control, though never formally so constituted. No specific terms of reference were laid down, a large discretion being allowed to the Committee so to organize its work as to afford the best assistance it could to the two Departments in accordance with their known wishes.

7. The first problem which the Committee set themselves to solve was the vexed question of the numbers of mentally defective children and adults. Very little consideration of this problem convinced them that the only way to attack it successfully was to arrange for intensive investigations to be held in a number of different areas. The areas to be selected should so far as practicable be typical areas, representative, that is, of particular racial characteristics, of particular industrial groups (the textile industries, coal mining, agriculture), of different social strata (the population of a prosperous town, of a slum district, of a rural area), and they should be geographically well distributed over the country. Each area should contain a sufficiently large population to admit of reasonably accurate estimates being formed of the numbers of defectives likely to be found in similar areas, and the investigation should cover a sufficient number of areas to ensure that the data

and the conclusions arrived at on those data would be accepted as being generally applicable to the country as a whole. The principal consideration however which the Committee had in mind was that these investigations should all be conducted by a single individual so as to eliminate entirely the risk of a difference of standard being adopted in different areas, a defect which had been present in all previous enquiries of the kind. It was felt that in this way uniformity of standard would be secured and the value and reliability of the findings greatly enhanced.

8. We were fortunate in securing both the means to pay for these investigations, and an Investigator admirably fitted for the work. The Board of Education and the Board of Control put at our disposal sufficient sums to enable us to conduct the investigation as desired in six typical areas, and the Board of Control very kindly seconded for service as our Investigator one of their Officers, Dr. E. O. Lewis. Dr. Lewis possesses a wide combination of qualifications and experience for this particular work. He served for some years as a teacher in both elementary and secondary schools; he graduated in Natural Sciences at the University College of Aberystwyth and obtained further Degrees at the Universities of Cambridge (Mental and Moral Sciences Tripos) and London (D.Sc., Psychology). He was Demonstrator in Experimental Psychology and Lecturer in Educational Psychology at the Universities of St. Andrew's and Cambridge and served for several years as Master of Method at Caerleon and Islington Training Colleges. He later qualified medically and also held for three years at the University of Cambridge a Studentship for Research into the problem of Mental Deficiency. Later Dr. Lewis was an Assistant Medical Officer of the London County Council, and in this post he gained experience of the administrative problems of mental deficiency. His knowledge and experience of these problems was further widened by his subsequent appointment to be a Medical Inspector of the Board of Control. He could thus view the work from the standpoint of the teacher, the administrator, the psychologist, the inspector, and the doctor.

Dr. Lewis had the assistance of Miss S. Catherine Turner as social investigator and field worker. Miss Turner was a trained social worker, and for some years had held the post of Organising Secretary of the Voluntary Association for Mental Welfare in Staffordshire. The Medical Investigator received additional assistance in two areas from Miss M. O. Charlton, and in the Welsh areas Mrs. N. Williams-Jones undertook the work of the social investigator. Mrs. Lewis acted throughout as his Secretary.

9. It may of course be urged that even a single Investigator must adopt some standard of mental defect for his work and that that standard may not in itself be more correct than that of many of the certifying officers employed by Local Authorit es. To some extent no doubt this is true; but the point seems to be met conclusively by the two following considerations. In the first place the standards

adopted by Dr. Lewis were those which were agreed upon by the Committee after very careful consideration. They were not so much those of a single expert, however competent, but those which seemed correct to this Committee as a whole. Secondly, and this is the really vital point, these standards are uniform for the whole enquiry and, even if too high or too low, can be adjusted accordingly. So far as the relative incidence of defect is concerned, we are confident that Dr. Lewis' returns are completely trustworthy.

10. In February, 1927, the Board of Education included in their Circular 1388 to Local Education Authorities the following statement: "With regard to provision for mentally defective children, Authorities will be aware that this very difficult problem is now being explored by a special Committee, and, save in exceptional circumstances, it would not seem prudent to incur heavy expenditure at the present moment on new schools for such children or on enlargements of existing schools." This statement indicates the second main problem which the Committee have had before them, namely, what are the best methods of dealing with mental defectives when they have been ascertained. So far as this issue is concerned we propose in these introductory remarks only to make clear the general lines on which we have endeavoured to work and to frame our report. Every one who has been connected with the problem of mental defect is aware of its extreme complexity. It involves intricate and sometimes very obscure points both of law and of medicine; it raises difficult questions of administration; it touches very intimate conditions of home life; and it is closely concerned with such social questions as the liberty of the individual and the protection of the community. In any consideration of such a problem, an effort to be comprehensive may result in getting lost in a maze of detail; while an effort to be brief may lead to the omission of what is really essential. It has been the endeavour of the Committee, both in their discussions and in their report, to steer a reasonable course between over-elaboration on the one hand and the omission of relevant considerations on the other.

11. As indicated in the Prefatory Note, the Report in its original form dealt with the problem of mental deficiency as a whole, but has now been divided so as to deal with children and adults in separate parts. Those sections of the Report which relate more specifically to adult defectives are not contained in this volume, but will be found in Part III, which has been presented to the Board of Control and the Ministry of Health. The structure of that portion of the Report which is now published is framed on the following general lines.

12. In the forefront of their Report the Committee have deemed it essential to set out in some detail the position—medical, legal and administrative—as it exists to-day. No doubt this involves a repetition of much that is common knowledge, but it is only in the light of a clear statement of the present position that any criticism of its sufficiency or the reverse can be fairly or usefully made. The Committee have therefore begun their Report with three preliminary chapters—the

first dealing with the origin and purpose of the Committee; the second discussing the most fundamental point of all, the nature of mental defect from a scientific and medical standpoint; and the third setting out the legal position as it now applies to mental defectives of all grades and ages. Chapters I, II and III, which form Part I of the Report, must be regarded as in the nature of an introduction both to Part II (children) and Part III (adults).

Chapter IV describes the present provision made for mentally defective children under the existing laws.

Chapter V contains a short discussion of the more general findings of the investigation made by Dr. Lewis, and in particular of the findings in regard to children. The discussion of the findings relating exclusively to adults, and the conclusions drawn from them, are contained in Part III of the Report.

In the following Chapters (VI to IX) the Committee proceed to a discussion of the position in regard to defective children as they find it to-day in the light of their investigation; they state where, in their opinion, it is open to criticism; and they formulate their recommendations for the future.

CHAPTER II.

THE NATURE OF MENTAL DEFICIENCY.

13. In view of the misunderstanding which exists in some quarters regarding the nature of mental deficiency and the persons who should be regarded as mentally defective, we consider it essential to deal with this question at the outset of our Report. Mental Defectives are defined in two Acts of Parliament, namely, The Education Act, 1921, and the Mental Deficiency Act, 1927. Since, however, these respective Acts are intended to serve different purposes—the one the provision of suitable education and the other the provision of suitable care and supervision—their definitions are based upon different criteria, and this has undoubtedly resulted in some misconception as to the nature of mental deficiency. We therefore think it advisable, before attending to the legal definitions, to consider the subject from the general standpoint.

14. In the first place it is necessary to draw attention to the very wide variations in general mental capacity, scholastic educability, special aptitudes, emotional response, temperament and character, which exist in different individuals. This fact is well recognised and such individual variations are so great that it may truly be said that no two persons exist who are mentally alike. In spite of this, for practical purposes, the members composing a community may be broadly divided into two groups. First, there are those whose mentality is such as to allow of the independent performance of their duties in some social situation in a reasonably satisfactory and efficient manner. Secondly, there are those whose mentality is such as to render such independent and efficient adaptation impossible, and who consequently need some form of special surroundings or some degree of external assistance, control, or supervision. The second of these groups, which we may term that of the mentally incapable, is a very heterogeneous one, and the individuals composing it are divisible into three main classes. The first class consists of those persons whose incapacity is due to their minds having failed to reach what may be termed a normal degree of development. The second class consists of those whose minds have attained this degree of development, but who are suffering from a disorder of mental function which renders them temporarily incapable. The third class consists of those whose minds have similarly reached normal development, but who are undergoing progressive deterioration and decay. It is true that in actual practice these divisions not infrequently overlap. Thus, whilst mental disorder is often only temporary, it frequently passes into progressive and incurable deterioration. Further, the mind which is imperfectly developed may undergo disorder or decay. Nevertheless, for descriptive and practical purposes these three divisions are useful and hold good.

Speaking literally, it may be said that an individual falling within any one of these three classes suffers from a defect of mind, and the term " mentally defective " was, in fact, used in this generic sense in the Report of the Royal Commission on the Feeble-minded of 1908. This term, however, has gradually been acquiring a more restricted and specialised meaning, and it is now limited in ordinary use to the first class only, that is, to those persons suffering from an imperfection of mental development, whether inborn or acquired, or as it is technically termed " Amentia." It is this concept of mental deficiency, namely, that of a state of imperfect or incomplete mental development, with which alone we are concerned in this Report, and the important questions which we have to answer are :—What do we mean by incomplete development, and how is this to be gauged ?

15. At first sight it would appear both logical and justifiable to regard any individual whose mind fell in any way short of complete mental development as being mentally deficient. But the complete or perfectly developed mind is purely an abstract conception and has no real existence. As we have mentioned, individuals vary very greatly in the degree of development of their mental attributes. It is even doubtful whether the majority of individuals attain that degree of development of which they are inherently capable. So that, judged by such a standard, we should have to admit that most, if not all, persons were in some respect mentally deficient ; which would be absurd.

If we consider the question from the biological and psychological aspects we arrive at the conclusion that whilst the human mind is made up of an almost infinite variety of activities, many of which are unquestionably of the utmost value in contributing to the advantage of the individual as well as to the advance of human knowledge, there are certain functions which are of fundamental importance. These essential functions are those by which the mature individual is enabled to adapt himself in such a satisfactory, efficient and harmonious manner to his social surroundings as to be capable of an independent existence, without, under normal conditions, the need for any special external care, supervision or control. It is, of course, obvious that a person may fail in some sphere of life because of a special mental disability ; but so long as he is not deficient in the fundamental and essential factors he should be able to maintain an independent and efficient existence in some situation in the social fabric. On the other hand, if he is deficient in these essential factors, he will be unable thus to maintain himself without some form or degree of external supervision, and we consider that he will then come within the category of the mentally defective.

16. Recent psychological researches have thrown considerable light upon the nature of these essential functions or factors. It is now recognised that independent social adaptation is largely dependent upon the presence of certain inborn capacities and tendencies, some of a general character, others specific in nature. The most important of the general factors are " general intelligence "

and " general emotionality." These general factors of intelligence and emotionality are essential for normal behaviour and any serious lack of such endowments will make it impossible for a person so affected to adapt himself satisfactorily and efficiently to the social environment appropriate to his age and class. On the other hand defects of specific abilities have no such widespread results and it is possible for a person to be efficient socially even though decidedly lacking in one or other of such abilities and of the attainments normally based on them. Nevertheless, in actual practice it is found that a wide range of special disabilities is suggestive of a defect of general intelligence. Educational attainments, general knowledge, practical ability, are all acquisitions in part dependent on intellectual capacity, so that failure in these directions is suggestive of the presence of mental defect, the absolute existence of which can only be determined by direct examination.

17. The respective importance of these general and specific factors will be exemplified if we consider another commonly proposed standard of mental deficiency, viz., the educational standard. In all civilised communities the school is a very early and important testing house of human material. Certifying Officers seeking evidence of mental deficiency at an early age in any particular case rightly attach value to the school records. Broadly speaking, the children who manifest a general failure in the school environment show a similar failure in after life and become the adults who are incapable of leading an independent, tolerably efficient and harmonious social existence. The reliability of the school test depends chiefly upon the fact that all round success at school is determined largely by the child's native endowment in general intelligence and emotionality. The child who fails to make satisfactory progress in many of the school subjects, who is also definitely subnormal in the practical activities of the school and who fails conspicuously to develop those instinctive and emotional tendencies necessary to harmonious social life, will be inefficient and incapable after leaving school. At the same time it must be admitted that in some cases the so-called educational standard taken alone has proved misleading for the reason that a narrow scholastic standard of proficiency in a few subjects, more especially reading, writing and arithmetic, has been adopted instead of a broader and more comprehensive concept of education. In other words, specific abilities have been stressed unduly and the general factors have been overlooked. It is therefore necessary to point out that failures to read, write or manipulate numbers are not in themselves adequate criteria of mental deficiency. There are boys and girls who, although they left school at the age of fourteen with minimum attainments in one or another of the three R's, have proved themselves possessed of sufficient mental capacity to be independent and efficient citizens, albeit perhaps only in a humble walk of life. To designate these as mentally defective would be an injustice.

18. Our concept of mental deficiency, therefore, is that of a condition of incomplete development of mind of such degree or kind as to render the individual incapable of adjusting himself to his social environment in a reasonably efficient and harmonious manner and to necessitate external care, supervision or control.

19. Although we think it would be beyond the scope of our Report to enter into any details regarding the causation of such incomplete mental development, it seems advisable that we should give a brief general outline of this. Incomplete development occurs under two main conditions, namely : (1) in consequence of an inherent incapacity for development ; (2) in consequence of the arrest of development by external causes. The development of mind is primarily dependent upon an innate potentiality for or impetus to such development. The amount of this developmental potentiality varies in different individuals, and in the first group of cases mental deficiency is due to the potentiality being insufficient to result in the degree of mental growth necessary for independent social adaptation. The deficiency of this group is termed "Primary Amentia." It may happen however that the inherent potentiality of the individual is normal, but the development of mind is interfered with by some external factor operating directly upon the growing brain. This may occur before, during or after birth and constitutes what is known as "Secondary Amentia." Familiar causes in this second group are injuries and the various forms of meningitis and encephalitis incident upon the brain before its growth is complete. The result in these cases will naturally be dependent upon the situation and extent of the lesions and the age of the individual at which they occur. Generally speaking, it may be said that the earlier the age of incidence the more serious will be the impairment of mental development. It is clear, however, that serious lesions of the brain occurring at any time before development is complete may interfere with that development to such an extent as to render the individual socially inefficient and in need of care. Such an individual will be a mental defective. On this point, we may say, it is now generally accepted that mental development may not be sufficiently complete to ensure independent social adaptation until late adolescence. It follows that an innate developmental potentiality which is insufficient to carry the individual up to this stage will, and a brain lesion occurring before this age may, produce mental defect.

20. It will be apparent, from what we have said regarding causation, that the degree of mental deficiency may vary very considerably both in cases arising from inherent defect and in those produced by external causes, and since this question of degree is one having important administrative bearings, it is necessary for us to deal with it. It is customary to divide mental defectives into three groups designated respectively Idiots, Imbeciles and Feeble-minded. At the outset we think it desirable to make it quite clear that, although this division is convenient for practical purposes, it

is not based upon any hard and sharp lines of demarcation or on any real difference in kind. As a matter of fact, the mentally defective form a continuous series ranging from the very deepest to the very mildest degree of defect, so that rigid classification is impossible and any division must be largely artificial and arbitrary. So long as this is borne in mind there is no objection to artificial gradings ; they are, in fact, exceedingly useful, provided they can be defined with tolerable accuracy This we shall now attempt to do, it being understood that the description which we shall give may not be applicable to the individual, but applies to each of these respective grades of defect taken as a whole. As to the criterion which should be adopted for the purpose of grading, we consider that the social criterion, which forms the best practical means of separating the normal from the defective, is also the best which can be used for the differentiation of the various grades of defect from one another. Adopting this, we describe these three grades as follows :—

Idiocy.—This is the lowest grade of defect. The mental development of idiots is so incomplete that they are unable to appreciate and protect themselves from the common physical dangers which threaten life ; many of them are even lacking in the primitive instinct of self-preservation. They are incapable of any scholastic education ; they only understand the simplest spoken language, and can only speak a few monosyllables ; they cannot perform any kind of work, and they have to be washed, dressed and looked after all their lives like little children.

Imbecility.—This is the medium grade of defect. Imbeciles stand above the idiots in that they can be taught to understand and protect themselves from many common physical dangers. They stand below the feeble-minded in that, whilst many of them can be trained to perform simple routine tasks under supervision, they are generally incapable of earning their living, or of contributing materially towards their keep. They require supervision in washing, dressing and looking after themselves. They are markedly defective in educational capacity; and as a class they cannot be taught to read beyond words of one syllable, to spell more than a few 2 and 3 letter words, or to do simple mental addition and subtraction beyond the smallest units. Speaking generally, it may be said that if an individual has not a higher mental ratio (or intelligence quotient) than between 40–50 per cent. he is probably an Imbecile.*

Feeble-mindedness.—This is the mildest grade of defect, and the feeble-minded form a connecting link between the imbeciles and the dull or backward members of the normal population. They are superior to the Imbeciles in that they can be trained

* This and the other mental ratios mentioned in this Chapter are based on a maximum divisor of 14. The upper borderlines given are in the main applicable to children and are somewhat higher than those applicable to adults. This is especially true of the feebleminded. *See* Dr. Lewis' Report, Chapter 2.

to perform work which will contribute materially towards or entirely pay for their keep. They are inferior to the lowest grade of the normal inasmuch as they cannot adapt themselves to circumstances outside their previous experience ; they are lacking in certain features of intelligence, such as the capacity to look ahead and to make sensible plans for their future, and also in the control and common sense needed to achieve such plans and to maintain an existence independently of external supervision. Where they can earn their keep, they cannot of themselves lay out the money so earned so as to provide for their wants. In a small proportion of cases these defects are less prominent, but they are accompanied by such a marked lack of sense of right and wrong, of responsibility and social obligation, together with such strongly marked antisocial propensities as to cause the individual to be a grave danger.

The educational capacity of the feeble-minded varies within very wide limits. Generally speaking, it is decidedly below that of the normal but superior to that of the Imbeciles. Most feeble-minded individuals are capable of learning elementary reading and writing. Many can perform simple mental arithmetical calculations and can acquire and understand simple items of scholastic knowledge, whilst a few of them are sufficiently educable to be capable of profiting by the instruction in the ordinary public elementary schools. The mental ratio similarly varies rather widely in different individuals. Speaking generally, it may be said that a person with a mental ratio of between 50 and 70* per cent. is probably feeble-minded ; but to this there are exceptions.

21. In the preceding paragraphs we have endeavoured to describe the nature of mental deficiency, and the chief characteristics of the various grades of defectives, without reference to any legal definitions. We shall discuss the legal definitions in the next Chapter, but we may here remark that we consider them to be in substantial agreement with the concept we have formulated.

As we have pointed out, and as we again desire to emphasise, mere lack of educational attainments cannot, in itself, be regarded as constituting mental deficiency. There is no doubt, on the one hand, that persons exist whose scholastic educability has been so low that they have been admitted to special schools, but who, after training in such schools, have proved quite capable of efficient adaptation and of earning their living and fending for themselves without supervision. On the other hand, there is equally no doubt that persons exist who have passed through ordinary schools, but have subsequently proved to be so lacking in the mental functions necessary for independent social adaptation as to be permanently in need of external care and supervision.

Whilst we consider it desirable to make this clear, we are nevertheless of the opinion that, if the reaction and response of the

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* *See* footnote on previous page.

individual to the environment of the ordinary schools be considered in its entirety, it will be found that a very high correlation exists between educational failure and social failure. Satisfactory adaptation to school life, as well as to home life in the pre-school period, necessitates the possession of mental functions similar in kind, although less in degree, to those which are required for independent social adaptation after leaving school. These functions consist in the ability to compare, discriminate and form judgments ; to look ahead, foresee consequences and make plans ; to learn from experience ; and generally to control and co-ordinate behaviour in accordance with such plans and with the requirements of the community. There is no doubt that the general response to school life affords an important indication as to what will be the nature of the response in later life, and that consequently the child's reaction to his school environment, taken in its entirety, is of much diagnostic significance. It has become increasingly the practice to require evidence on these points, based not only on history, but on tests applied by the Certifying Officer designed to elucidate the degree of development of the above mentioned functions. At the same time, it must be borne in mind that the general controlling functions of mind to which we have alluded are normally the latest to attain completion of development, and that in consequence of this an individual whose behaviour has shown no marked abnormality during the school period, may, when he is required to face life on his own responsibility, prove incapable of doing so, owing to insufficient impetus to full normal development, or to the arrest of development by external causes. If the insufficiency is such that the individual needs care and control, he must be regarded as coming within the category of mental defect. In short, the only really satisfactory criterion of mental deficiency is the social one, and if a person is suffering from a degree of incomplete mental development which renders him incapable of independent social adaptation and which necessitates external care, supervision and control, then such person is a mental defective

CHAPTER III.

REVIEW OF LEGISLATION WITH REGARD TO THE MENTALLY DEFECTIVE.

22. We cannot attempt within the confines of this Report any detailed review of past and present enactments affecting the mentally defective, but we think it desirable to sketch in outline some of the chief landmarks in that legislation and also the main provisions of the present law with particular reference to two questions :—

I. The legal conceptions and definitions of the various types and grades of persons of defective mind ; and

II. The principal methods devised by the Legislature for dealing with these persons.

I. THE LEGAL MEANING OF THE TERMS — IDIOT, IMBECILE AND FEEBLE-MINDED.

A. Historical Review.

23. In or about the reign of Edward I a distinction was for the first time made between the " born fool " or idiot* (*fatuus naturalis*) and the lunatic or person who " hath had understanding, but by disease, grief, or other accident, hath lost the use of his reason." In the Statute of Prerogatives in the reign of Edward II, a similar distinction was made between the " born fool " and the person unsound in mind with certain intervals of understanding (*non compos mentis, sicut quidam sunt per lucida intervalla*).

Unfortunately this simple distinction recognised by early laws between idiots and lunatics became clouded in obscurity in later centuries. The chief importance of the distinction in feudal times was a practical one. If a man were found by Inquisition to be a lunatic, the Crown took possession of his property only during his lunacy ; whereas, if he were found to be an idiot, the Crown assumed permanent possession of his property subject only to an obligation to find for his person and estate. With the increasing complexity of civilisation, however, it became necessary to deal with the unsound in mind in various Statutes, and discrepancies arose between the criteria of law and of medicine.

By the nineteenth century the old distinction was to a large extent lost, as is shown by the various Acts passed in that century relating to lunatics and mental defectives. Cases which came before the Courts during the early part of the century seem to show that the term lunacy was often held to include idiocy, and that idiocy, though it usually connoted a congenital defect in mind, was sometimes

* The term " idiot " was used broadly as including imbeciles and feeble-minded persons. The higher grades of defectives were either not recognised or at least not differentiated in early times.

regarded as the extreme degree of " imbecility of mind " which might or might not be " original," that is to say, might date from birth or might be brought on through disease. Moreover no distinction was made between persons suffering from amentia and mental diseases and disorders in the Poor Law Amendment Act of 1868, which conferred on Guardians certain powers applying equally to idiots, imbeciles and insane paupers, nor in the Lunacy Acts of 1890 and 1891 (which are still in operation), under which not only lunatics, but idiots and even imbeciles and feeble-minded persons, if certified as of " unsound mind," may be sent to asylums, registered hospitals, licensed houses and Poor Law Institutions.

24. The first clear distinction in modern legislation between lunatics on the one hand and idiots and imbeciles on the other is to be found in the Idiots Act of 1886, but this distinction differs from that of the earlier laws. This Act provides that one who is an idiot or imbecile from birth or from an early age may be placed by his parent or guardians in any registered hospital or institution for the care, education and training of idiots or imbeciles. The Act thus marks certain important changes in nomenclature and administration ; it recognises for the first time a sub-class of the mentally defective by using the term " imbecile " as denoting one who is less defective than an idiot ; it suggests, though it does not specifically state, that idiocy and imbecility must exist from birth or from early age ; and it indicates that both these classes may be capable of education and training, whereas the idiot at any rate of earlier times has been held legally to be completely incapable mentally.

25. Before long a further sub-division came to be recognised. Largely owing to the operation of the Education Act of 1870 it was realised that in the case of children there was yet another group, namely those who, though defective in mind, were capable of being educated to a greater extent than those who could be certified as imbeciles, and to these the term " feeble-minded " was given. The Royal Commission on the Deaf and Dumb, appointed in 1889, were asked to consider also " such other cases as from special circumstances would seem to require exceptional methods of education." They accordingly inquired how many idiots and imbeciles were capable of education and they came to the conclusion that there was a class of children whom they described as " educable imbeciles " and a further class of " feeble-minded children " who should be separated from ordinary scholars and receive special instruction. In 1897 a Departmental Committee was set up " to inquire into the existing systems for the education of feeble-minded and defective children not under the charge of Guardians and not idiots and imbeciles . . . and to report particularly upon the best practicable means for distinguishing on the one hand between the educable and non-educable children and on the other hand between those children who may be taught in ordinary elementary schools by ordinary methods and those who should be taught in Special Schools." The

Committee agreed for the purposes of their inquiry to regard the words idiot and imbecile as denoting children who were not capable of being educated so as to be wholly or partially self-supporting, and described the feeble-minded, that is to say, those who ought to be taught in special classes, as " children who are capable of earning their own living wholly or partially in after life." It was as a result of the Report of this Committee that the Elementary Education (Defective and Epileptic Children) Act, 1899, was taken in hand, and we think it may be assumed that Parliament in framing that Act had in mind the distinction drawn by the Committee between idiots and imbeciles on the one hand and the feeble-minded on the other, that is, the distinction between those who could and those who could not be sufficiently educated to become at least partially self-supporting in after life. At the same time the Act itself says nothing of this criterion, but in Section 1 defines defective children as those who

> " not being imbecile, and not being merely dull or backward are . . . by reason of mental defect incapable of receiving proper benefit from the instruction in the ordinary Public Elementary Schools, but are not incapable by reason of that defect of receiving benefit from instruction in . . ." Special Schools or Classes.

26. The passing of this Act was an important milestone in the history of legislation relating to mental deficiency. The exercise of the powers given to Local Education Authorities by this Act of ascertaining one group of the mentally defective children in their areas and establishing Special Schools for them soon revealed the fact not only that there were very large numbers of these children, but also that many of them even after a period at a Special School were incapable of self-support or self-control or of holding their own as independent citizens. It consequently came to be recognised that the heavy expenditure on the education of this latter group in Special Schools could not be justified unless it were regarded as preparatory training for some more permanent care and control such as was not, and could not be, effectively exercised under existing laws. Moreover the growth of social services, the development of the Poor Law, modern conceptions of punishment and criminal administration, the numbers of defectives found in prisons, asylums and places of detention, all led to the recognition of mental deficiency as a far reaching social problem. In 1904 a Royal Commission was appointed " to consider the existing methods of dealing with idiots and epileptics and with imbecile, feeble-minded or defective persons not certified under the Lunacy Laws . . . ." and this Commission reported in 1908. We will refer later to some of the recommendations of the Royal Commission ; we need only say here that, as a result of their Report, the framing of a new Act for the care and control of defectives was taken in hand and this Act was passed in 1913.

27. In the Mental Deficiency Act, 1913, four categories of defective are for the first time clearly defined, namely—

> " (*a*) Idiots; that is to say, persons so deeply defective in mind from birth or from an early age as to be unable to guard themselves against common physical dangers;
>
> " (*b*) Imbeciles; that is to say, persons in whose case there exists from birth or from an early age mental defectiveness not amounting to idiocy, yet so pronounced that they are incapable of managing themselves or their affairs, or, in the case of children, of being taught to do so;
>
> " (*c*) Feeble-minded persons; that is to say, persons in whose case there exists from birth or from an early age mental defectiveness not amounting to imbecility, yet so pronounced that they require care, supervision, and control for their own protection or for the protection of others, or, in the case of children, that they by reason of such defectiveness appear to be permanently incapable of receiving proper benefit from the instruction in ordinary schools;
>
> " (*d*) Moral imbeciles; that is to say, persons who from an early age display some permanent mental defect coupled with strong vicious or criminal propensities on which punishment has had little or no deterrent effect."

There are two points to which we wish to draw attention in these definitions :—First, that two new classes of defectives, the feeble-minded and the moral imbecile, are for the first time defined by law; and secondly, that in the case of the imbeciles and the feeble-minded a distinction is made between the criteria for adults and for children.

In Section 2 (2) (*a*) of this Act a further subdivision appears to be contemplated, similar to that referred to in the terms of reference of the Departmental Committee of 1897. The Local Education Authority are required by this Section to give notice to the Local Authority under the Mental Deficiency Act of all children who have been ascertained to be incapable by reason of mental defect of receiving benefit or further benefit from instruction in Special Schools or Classes. Had this Section said explicitly that the Local Education Authority were to notify all idiots and imbeciles, no ambiguity would have arisen. By refraining from this clear direction as to the type of child to be notified, the Section may be held to imply that there is a class of non-educable feeble-minded child less defective than the imbecile but more defective than the mentally defective child contemplated by the Elementary Education (Defective and Epileptic Children) Act, 1899. This interpretation has been accepted by the Board of Education for the purposes of their Mental Deficiency (Notification of Children) Regulations, which were issued in 1914, and also for the purposes of the revised Regulations issued in 1928.

Sub-Section 2 (*b*) of Section 2 of this Act should also be mentioned. This Sub-section empowers Local Education Authorities to notify to the Local M.D. Authority the names of children—

> " who on or before attaining the age of 16 are about to be withdrawn or discharged from a Special School or Class, and in whose case the Local Education Authority are of opinion that it would be to their benefit that they should be sent to an institution or placed under guardianship."

This recognises clearly that there may be some children—and indeed there probably are many—who, though certifiable as mentally defective under the Elementary Education (Defective and Epileptic Children) Act, 1899, are not immediately in need of institutional care or guardianship under the Mental Deficiency Act, 1913, when they attain the age of 16.

We shall discuss later* these two questions arising out of Section 2 (2) of the Act.

The only other matter to which we need for the moment refer in connection with this Act and the Regulations made thereunder is that it appears to be the duty of the Local Education Authority to notify to the Local M.D. Authority the names of all children who are certified by the Certifying Officer of the former Authority as idiots or imbeciles ; thus indicating that in the view of the legislature no idiot or imbecile is capable of deriving benefit from such education as it is the Local Education Authority's duty to provide.

28. The description of the class of child who was to be certified as mentally defective under Section 1 of the Act of 1899 was incorporated in Section 55 of the Education Act, 1921, and is still therefore in force, but the definitions contained in the Mental Deficiency Act, 1913, have now been superseded by those in the Mental Deficiency Act, 1927. The present definitions which are contained in Section 1 (1) of this Act are as follows :—

> " (*a*) Idiots, that is to say, persons in whose case there exists mental defectiveness of such a degree that they are unable to guard themselves against common physical dangers :
>
> " (*b*) Imbeciles, that is to say, persons in whose case there exists mental defectiveness which, though not amounting to idiocy, is yet so pronounced that they are incapable of managing themselves or their affairs or, in the case of children, of being taught to do so :
>
> " (*c*) Feeble-minded persons, that is to say, persons in whose case there exists mental defectiveness which, though not amounting to imbecility, is yet so pronounced that they require care, supervision and control for their own protection or for the protection of others or, in the case of

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* For further discussion of this question *see* para 31.

children, that they appear to be permanently incapable by reason of such defectiveness of receiving proper benefit from the instruction in ordinary schools :

" (*d*) Moral defectives, that is to say, persons in whose case there exists mental defectiveness coupled with strongly vicious or criminal propensities and who require care, supervision and control for the protection of others."

Sub-section (2) of this Section proceeds :—

" For the purposes of this section, ' mental defectiveness ' means a condition of arrested or incomplete development of mind existing before the age of eighteen years, whether arising from inherent causes or induced by disease or injury."

The main changes in the legal definitions of defectives which this Act has made are :—First, that there is now for the first time a definition of " mental defectiveness " ; secondly, that the defectiveness need no longer have existed from birth or from an early age, but may have arisen at any time during the first 18 years of life ; and thirdly, that it may have been brought about by disease or injury.

B. The Present Law. Statement and Discussion of certain Ambiguities in the Definitions.

29. We have thought it necessary to set out in some detail the terms used in successive Acts of Parliament to describe the various classes of defectives, in order that we may be in a position to draw attention to certain apparent obscurities and inconsistencies that have given rise to administrative difficulty, particularly in regard to the category of cases whom the Local Education Authority ought to certify as mentally defective within the meaning of Section 55 (1) of the Education Act, 1921, and the categories whom they ought to notify to the Local Authority under the Mental Deficiency Act. Only a Court of Law can interpret these two Acts with any authority, and we claim no such authority for ourselves ; but we think it essential to point out in the following paragraphs that these Acts contain definitions of, at any rate, the highest grades of mental defect which, though possibly not inconsistent, do lend themselves to different interpretations.

30. In Section 55 (1) of the Education Act, 1921, mentally defective children are, as stated above, defined as those who " not being imbecile, and not being merely dull or backward, are . . . by reason of mental defect . . . incapable of receiving proper benefit from the instruction in the ordinary Public Elementary Schools, but are not incapable by reason of that defect of receiving benefit from instruction in such Special Classes or Schools as under this part of this Act may be provided for defective children." Two difficulties at once arise when we consider carefully the meaning of this Section. In the first place it will of course be obvious that the definition depends to a large extent upon the respective standards of the ordinary Public Elementary School and the Special School.

A child might lag behind his fellows in a school with a very high standard to such an extent that he might not derive proper benefit from attending that school, whereas he might be at least up to the average standard of another school where his fellow pupils were less advanced and might in consequence derive proper benefit from instruction in that school. It would be a very serious matter if such a child were certified as mentally defective merely owing to the accident of his attending the former school. But in practice this danger is more imaginary than real. Though the standard adopted in different areas for mental defect no doubt differs considerably, it may be safely asserted that Certifying Officers do not certify children as mentally defective because they do not derive benefit from the instruction given in the particular school they happen to attend, but rather because they fall definitely short of the level of intelligence attained by normal children of their age.

31. The second and more real difficulty is not whether children reach a certain educational level; the question which arises is whether any test of educable capacity, when taken by itself, is the proper measure of mental defect for the purpose of the Act. This point is so vital to the whole problem of the defective child that we must set out in some detail the two possible interpretations of the Act.

It is obviously possible to hold that the Education Act does in fact contemplate that mental defect in children should for the purposes of this Act be estimated on a purely scholastic basis and on no other. Section 55 does not refer to children who are incapable of receiving proper benefit from *attendance* at the ordinary Public Elementary School, but to those who are incapable of receiving such benefit from the *instruction* at those schools, and there can be no doubt that some children who are socially and temperamentally unstable and incapable of being taught to lead an independent life are yet quite capable of deriving proper benefit from instruction so far as their intelligence is concerned The fact that all the other relevant Sections of the Education Act appear to be consistent with this view and intolerant of any other and that the Authority concerned with these children is the Education Authority, would seem to furnish very strong evidence in favour of the view that the mental defect contemplated by the Education Act is what may be conveniently described as a defect in educational capacity.

This interpretation appears to be confirmed by the fact that both the Education and the Mental Deficiency Acts contemplate that there are persons who, though they are recognised as mentally defective under the former Act when children, will not be recognised as feeble-minded under the latter when adults. Section 55 (4) of the Education Act, 1921, provides that—

> "When a child is discharged from a Special School or Class on the ground that he is no longer defective . . . the Local Education Authority shall return to the parent of the child any Certificate certifying that the child was defective . . . ."

Section 56 (5) of this Act provides that—

> " The Local Education Authority acting under this Section shall make provision for the examination, from time to time, of any child dealt with under this Section, in order to ascertain whether that child has attained such a mental . . . condition as to be fit to attend the ordinary classes of Public Elementary Schools . . . ."

Again Section 2 (2) (*b*) of the Mental Deficiency Act of 1913 as amended by the Act of 1927 leaves it to the Local Education Authority to decide whether a child who has been certified as mentally defective and has been treated as such throughout his school life is likely, after leaving school, to require to be dealt with under the Mental Deficiency Acts by being placed under supervision or guardianship or sent to an institution. The three provisions cited above give additional ground for thinking that the mental defect contemplated in the Education Act is a defect in educational capacity and not in social adaptiveness.

The Education Act however is, as we have seen, intimately bound up with the Mental Deficiency Acts 1913–1927 so far as mentally defective children are concerned and if we turn to these latter Acts we find at once that they are governed throughout, (possibly with one very important exception), by an entirely different conception of mental defect. The definitions given in the first section of the Act of 1927 refer almost wholly to a mental defect which prevents its victims in varying degrees from managing themselves or their affairs. There is no suggestion here of any purely educational deficiency. The criterion is the ability of the person concerned to suit himself to his environment and live an independent life as an ordinary citizen. The nature of the deficiency in fact is essentially one which manifests itself in failure of social adaptation.

But while this conception of mental deficiency appears to govern the Mental Deficiency Acts as a whole there is, as already noted, one very important exception, and that exception relates precisely to the group of children which is most closely analogous to the children who are certifiable as mentally defective under the Education Act, namely the group defined in the Mental Deficiency Acts as feeble-minded.

Two diametrically opposed views may be and are held as to the interpretation to be placed on the definition contained in Section 1 (1) (*c*) of the Mental Deficiency Act, 1927, which we have quoted above, so far as it relates to feeble-minded children. The first view is that the only consideration to be taken into account is whether the child is permanently incapable of receiving proper benefit from the instruction in ordinary schools and that the question whether there is need of " care, supervision and control for their own protection or for the protection of others " arises

only in the case of adults. The other view (which to the Committee appears to be the more reasonable and desirable interpretation to adopt and also to be in accordance with the intentions of the Act, even though it may be held by some to be inconsistent with its terms) is that both considerations—the social and the educational—apply equally to children and that weight must be given to both in determining whether a child is feeble-minded within the meaning of the Mental Deficiency Act.

Now if it were agreed that the first part of the definition of feeble-minded persons applied to adults only, and if the Mental Deficiency Acts made no other mention of feeble-minded children, it might fairly be concluded that the definition of these children in these Acts corresponded almost exactly with that contained in the Education Act and that in both cases the criterion of mental defect was an educational one. But those who think that it is at least probable that the definition given in the Mental Deficiency Acts to feeble-minded adults applies equally to feeble-minded children point out in support of their contention that in any case Sub-section 2 (*a*) of Section 2 of the Mental Deficiency Act, 1913, as amended by the Act of 1927, appears to throw considerable doubt on this alleged similarity of definition between the mentally defective child under the Education Act and the feeble-minded child under the Mental Deficiency Acts. This Sub-section requires the Local Education Authority to notify to the Local M.D. Authority the names of all defective children over the age of 7 " who have been ascertained to be incapable by reason of mental defect of receiving benefit or further benefit in Special Schools or Classes, or who cannot be instructed in a Special School or Class without detriment to the interests of the other children, or as respects whom the Board of Education certify that there are special circumstances which render it desirable that they should be dealt with under this Act by being placed under supervision or guardianship or sent to an institution." The Sub-section in fact appears to contemplate that there will be children coming within the definition of Section 1 who fall into three categories, namely (1) children who fail in a test of educable capacity, (2) children whose character or behaviour makes them detrimental to the interests of other children, and (3) children who for special reasons need supervision, guardianship or institutional treatment. Now, if it be accepted that children may be incapable of receiving benefit in a Special School without being idiots or even imbeciles*, that they may be " detrimentals " without being moral defectives, and that there may be special reasons for putting them under supervision or guardianship or sending them to an institution under the Mental Deficiency Act although they are neither idiots, imbeciles nor moral defectives (and the Board of Education Notification Regulations which were

* *See* para. 27.

framed to carry out the intentions of the Act allow for all these possibilities), then it must follow that all these types of defect in children are included in the definition of feeble-minded as given in the Mental Deficiency Act, 1927; in other words, that the inability to receive proper benefit from such instruction does not refer exclusively to an educational incapacity, but may include such incapacity as arises from defects of character and temperament.

It will be seen at once that if this is the correct interpretation of the definition of the feeble-minded child in the Mental Deficiency Act, 1927, it may have a very important bearing on the definition of the mentally defective child in the Education Act. It may be argued that the general concept of the feeble-minded child in the Mental Deficiency Acts, even apart from any doubt whether the definition of the feeble-minded adult applies also to the feeble-minded child, must correspond with the general concept of the mentally defective child in the Education Act. But if the definition of a feeble-minded child in Section 1 of the Mental Deficiency Act, 1927, namely a child who is permanently incapable of receiving proper benefit from the instruction in ordinary schools, is found to include children whose defects are not only defects in educable capacity but also defects of character, temperament or general adaptiveness, then the same must apply, *ex hypothesi*, to the mentally defective child under the Education Act. The Mental Deficiency Act, using much the same words as the Education Act to define a type of child, proceeds to develop the definition by the inclusion of other than scholastic defects. Unless the two Acts are inconsistent, what applies to one must apply to the other.

We have no authority to decide which of these interpretations is correct, but we are bound for practical purposes to accept one or the other. We do not admit that the term " mental defect " can correctly be restricted to mean a defect in educational capacity only, but we are inclined to think that as a matter of fact the Education Act does primarily contemplate educational defectiveness, and we shall adopt that interpretation for the practical purposes of this Report. In other words, when we use the expression " mentally defective within the meaning of the Education Act," we shall mean primarily defective in educational capacity, although we realise of course that many of these children are also defective in social adaptiveness. On the other hand, we propose to adopt what has been described above as the reasonable interpretation of the Mental Deficiency Acts, and to use the term " mentally defective within the meaning of the Mental Deficiency Acts," when applied to children or adults, as meaning defective in social adaptation. Whether any alteration of the Education or Mental Deficiency Acts is required to remove such uncertainty of interpretation as we have described is a matter to which we shall refer again when we come to make our recommendations for the future

II. THE PROVISION CONTEMPLATED BY THE LEGISLATURE FOR DEALING WITH MENTAL DEFECTIVES.

A. Historical Review.

32. We turn now from the legal definitions of the various grades of defectives to the provision contemplated for their care. We have already had occasion to refer to some of the provisions of early legislation for dealing with idiots, to the gradual extension of that term to include what are now known as imbeciles and feeble-minded persons, and to the powers vested in Lunacy and Poor Law Authorities to make provision for their care. All the principal Acts relating to lunatics which were passed in the 19th century (both those of 1845, 1853 and 1886, and those of 1890 and 1891, which are still in operation), dealt with the powers of the Lunacy Authorities to provide for idiots and other defective persons, and the only statutory provision that was made for these defectives until comparatively recent times was made under these Acts. Early legislation, indeed, enabled the Poor Law Authorities to deal with defectives, but under those Acts they were to be dealt with as paupers without reference to the special necessities of their mental condition. The Poor Law Amendment Act of 1868, it is true, provided for the transfer of idiots and imbeciles who might lawfully be detained in a workhouse from the workhouse of one Union to that of another—presumably with a view to securing that these defectives should be accommodated in institutions more or less specially adapted to their needs. But the first Act that contemplated the provision of *ad hoc* accommodation for idiots and imbeciles and provision for their care and training was the Idiots Act of 1886. This Act did not authorise the provision of institutions by any local or central public bodies, but enabled a few institutions which had already been founded by charitable effort to be legally registered under the Idiots Act and to admit defectives at the wish of their parents or guardians, without a Magistrate's Order and all the restrictions which had previously been necessary under the Lunacy Acts. They received both children and adults who were maintained by their parents or by charitable funds or occasionally by Board of Guardians. The candidates for admission had to be certified by a Medical Practitioner as idiots or imbeciles; but the term "imbecile" had at that time a wider connotation, and many patients who would now be classified as feeble-minded did in fact obtain admission.

33. We need refer but briefly to the later enactments relating to the education of mentally defective children—the Elementary Education (Defective and Epileptic Children) Act, 1899, which empowered School Authorities to ascertain one group of the mentally defective children in their areas and to establish Special Schools for them, and made it obligatory on parents of certified mentally defective children to cause their children to attend such schools if within

reach of their homes and to keep them at school up to 16; the Education Act, 1902, which created the Local Education Authorities and vested in them the powers referred to above; and the Elementary Education (Defective and Epileptic Children) Act, 1914, which made it the duty of the Local Education Authority to provide for the education of mentally defective children between the ages of 7 and 16 in Special Schools or Classes certified by the Board of Education. The principal provisions of these Acts have been incorporated, with modifications, in the Education Act of 1921.

34. So far as provision for the care and control of defectives is concerned the present law is in the main the result of the recommendations of the Royal Commission on the Feeble-minded, which was appointed in 1904 and reported four years later. We do not propose to discuss the general findings of that Commission; it seems necessary, however, to mention certain guiding principles which the Commissioners emphasised in framing their recommendations :—

(i) That those persons, who, by reason of mental defect, cannot take part in the struggle of life, should be afforded State protection according to their needs.

(ii) That it is the mental condition of these persons and neither their poverty nor their crime which is the real ground of their claim for help from the State, and that they should therefore be dealt with primarily on the ground of their mental defect.

(iii) That the State, if it is to protect the mentally defective, must necessarily ascertain who they are and where they are, and that once they are ascertained the power of the State to protect them should continue as long as protection is necessary for their good.

In accordance with these principles the Commissioners recommended a new " Act for the Care and Control of the Mentally Defective " with the fundamental object of securing unity and continuity of control. Whereas there were four different Government Departments and also a number of different Local Authorities who were dealing directly or indirectly with the mentally defective, the Commissioners recommended that there should be one single Central Authority to be called the Board of Control and one Local Authority in each area which should be a Committee of the County or County Borough Council. They further suggested that the Local Committee for the care of the mentally defective should be empowered, subject to certain safeguards, to assume all the powers and rights of the parent of a mental defective who was not receiving suitable training and was not under parental or other suitable control, and should retain that power until the defective reached the age of 21, when the case should be referred to the Board of Control to decide what

steps should be taken for his continued care. The recommendations of the Royal Commission led to the passing of the Mental Deficiency Act, 1913, and this Act has now been amended in certain particulars by the Mental Deficiency Act, 1927.

B. The Present Law.

35. The present law with regard to the mentally defective is in the main contained in the Education Act, 1921, and in the Mental Deficiency Acts, 1913–1927, though defectives may still also be dealt with under the Lunacy Acts, the Poor Law Acts or the Children Act, 1908. For the purposes of our report we propose to confine our discussion for the most part to the principal forms of provision contemplated by the Education and Mental Deficiency Acts and to refer in particular to certain directions in which we consider that the purpose of the Acts has not been fully achieved. Though some Sections of the Acts are closely inter-related and though the exercise of their powers by the Local M.D. Authority is directly dependent, at least so far as concerns children between 7 and 16 years of age, upon the manner and thoroughness with which the Local Education Authority exercise their powers and perform their duties under the Education Act, we think it will make for clarity if we discuss these Acts separately, dealing first with the functions of Local Education Authorities and subsequently with those of Local Authorities under the Mental Deficiency Act.

(1) functions of local education authorities.

(a) *Under the Education Act*, 1921.

36. Section 53 of the Education Act, 1921, makes it the duty of the parent of a child who has been certified as mentally defective under Section 55 to cause that child to attend a Special School or Class certified by the Board of Education for the admission of such children, provided that such a school or class is within reasonable distance of the child's home. Section 54 enables the Local Education Authority to enforce attendance at such a school if the parent is not providing otherwise for the suitable education of the child. Section 58 provides that the Local Education Authority shall consult the parents as to their wishes in regard to the education of their mentally defective children, and shall so far as possible give effect to those wishes.

Sub-section (1) of Section 55, which has already been quoted, requires the Local Education Authority to ascertain all children in their area who are mentally defective within the meaning of that Section, and further Sub-sections provide that a certificate that a child is mentally defective must be given by a duly qualified medical practitioner, approved by the Board of Education ; that this certificate may be accepted as evidence in legal proceedings ; that parents must cause their children to be examined for this purpose, if so

required by the Authority ; and finally that in case of doubt whether a child is mentally defective, the matter shall be determined by the Board of Education.

Having laid down the procedure for ascertainment and defined the duties of parents, the Act proceeds to describe the duties of Local Education Authorities. It requires these Authorities to provide for the suitable education of all ascertained mentally defective children between the ages of 7 and 16 (and gives them the power of providing for children under 7 years of age, if the parent agrees) by means of Special Schools or Classes certified by the Board of Education or by boarding the children out near a Special School or Class which they can attend. It empowers Authorities to provide or maintain boarding schools or to contribute towards the establishment or maintenance of boarding schools provided by other Local Education Authorities or by voluntary bodies, but it does not make it their duty to provide boarding schools, unless the Board of Education are satisfied that provision for the education of the children cannot be made in any other way and that the number of children in the area for whom such provision cannot be otherwise made is not less than 45.

Lastly Section 55 (7) provides that—

> " The Local Education Authority shall also perform such duties in relation to defective children within the meaning of the Mental Deficiency Act, 1913, as are imposed on them by that Act."

(b) *Under the Mental Deficiency Acts,* 1913 *to* 1927.

37. The duties imposed on Local Education Authorities by the Mental Deficiency Acts include as indicated above the duty of ascertaining what children in their area are defective within the meaning of those Acts ; of ascertaining which of these children are incapable by reason of mental defect of receiving benefit or further benefit from instruction in Special Schools ; and of notifying to the Local M.D. Authority the names and addresses of the children who are incapable of receiving such benefit or further benefit and also of the following classes of children—those who cannot be instructed in a Special School or Class without detriment to the interests of the other children ; those in respect of whom the Board of Education certify that there are special circumstances which render it desirable that they should be dealt with under this Act by way of supervision or guardianship or by being sent to an Institution, and those who, on leaving a Special School at the age of 16, would in the Authority's opinion benefit by being dealt with under the Mental Deficiency Act either under supervision or guardianship or by being sent to an Institution.

In case of doubt whether a child is capable of receiving benefit or further benefit from instruction in a Special School or whether he

can be taught in such a School without detriment to the interests of the other children, the matter is left to the determination of the Board of Education.

38. The above provisions are perfectly clear up to a point To begin with they make it quite plain that in the case of all child en between the ages of 7 and 16 who may fall to be dealt with as mentally defective children (except in the case of Poor Law Children and children in Home Office schools whose position we discuss elsewhere)* the duty of ascertainment rests with the Local Education Authority, subject in certain cases to the overriding decision of the Board of Education. The Local Authority under the Mental Deficiency Act have no duties (except in the case of certain children falling within Sections 8 and 9 of the Mental Deficiency Act, 1913) in respect of any defective children between the ages of 7 and 16, unless and until their names have been notified to them by the Local Education Authority. It is, of course, hardly possible to exaggerate the importance of this provision. It means, as already stated, that to a large extent the successful working of the Mental Deficiency Act depends upon the way in which Local Education Authorities carry out their duties. By means of their School Medical Officers and Nurses, their Teachers and their School Attendance Officers, these Authorities are able to pass under review every child in the Public Elementary Schools of the country and thus have a means of discovering practically every case of mental defect in childhood which falls within the definitions of either Act. In this respect their powers differ vitally from those of the Local Authorities under the Mental Deficiency Acts in that Local Education Authorities can put through a sieve the whole population of their schools and bring within the working of the Acts every defective child between the ages of 7 and 16. It is not necessary for the child to be neglected or to have committed any offence. The mere fact of mental defect brings him, *ipso facto*, within the meaning of the law, and entitles him to the care and special education which the law provides. On the other hand should the Local Education Authority fail to carry out their duties thoroughly and should the child reach the age of 16 without having been notified, the Local M.D. Authority can do nothing for him until he gets into serious trouble, except in the rare† case of defectives whose parents have applied to them to provide for their care and training.

A further point in the law is equally clear. It is the duty of the Local Education Authority, having ascertained what children in their area are defective within the meaning of the Acts, to divide them into two categories, those who should be educated in Special Schools and those who should be notified to the Local M.D. Authority.

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* *See* para. 49 *et seq.*

† It is anticipated that these cases will be more common in future in view of the amendment made by Section 2 of the Mental Deficiency Act, 1927, in Sub-section 1 (*b*) (i) of Section 2 of the Act of 1913.

The former they must retain under their own jurisdiction and provide for in the manner laid down in the Education Act ; the latter they must notify and hand over to the Local M.D. Authority, subject, of course, to the regulations already referred to.

39. There are, however, one or two provisions in these Acts which, whether on account of their obscurity or of altered circumstances which have arisen since the passing of the Mental Deficiency Act of 1913, have given rise to administrative difficulty and have, in fact, militated against the successful working of what we believe to have been the intention of that Act, namely, the affording of special forms of protection for those defective children and adults for whom no other form of public assistance or protection was available.

40. (i) The compulsory age for attendance at an ordinary Public Elementary School normally ends at 14, while that for attendance at Special Schools extends to 16. The question has arisen whether a Local Education Authority who have failed to certify a child as mentally defective before it reaches the age of 14 may certify it between the ages of 14 and 16. It may on the one hand be argued that, if no sign of mental deficiency justifying certification under Section 55 of the Education Act was detected before the child left school at 14, it is doubtful whether between that age and 16 any sufficient evidence could be adduced to justify certification. It may on the other hand fairly be contended that, since under Section 61 of the Education Act, 1921, the period of compulsory education extends in the case of a mentally defective child until he attains the age of 16, the child cannot be free from the liability to certification before reaching that age. It must, moreover, be borne in mind that mental defectiveness as defined in the Mental Deficiency Act, 1927 may be caused by disease or injury at any time up to the age of 18 and that in these circumstances it is difficult to hold that a Local Education Authority may not certify, and if necessary notify, between the ages of 14 and 16, a child who has not been certified as mentally defective before the age of 14. There are, indeed, many cases in which the mental defect, though due to inherent causes, may not become manifest until the age of 14 or even later.*

41. (ii) The Local Education Authority are required under Section 2 (2) (*b*) of the Mental Deficiency Act, 1913, subject to the regulations, to notify to the Local M.D. Authority all children who are about to leave Special Schools at the age of sixteen in whose case the Local Education Authority consider that notification would be to the child's benefit. They have, however, no corresponding power to notify a similar child who, from lack of a place in a Special School or for other reasons, happens to be in attendance at a Public Elementary School and is about to leave that school at the age of

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* This difficulty is discussed and suggestions for its solution are made in Chapter VII, paras. 129, 130, 140 and 143.

fourteen, unless the child can be certified to be incapable of benefitting from instruction in a Special School or to be " detrimental " or unless the Board of Education can certify that there are " special circumstances."* It is notorious that the supply of Special Schools is totally inadequate to meet the needs of all certifiable mentally defective children, and consequently large numbers of these children are, in fact, attending Public Elementary Schools. The absence of any specific provision enabling a Local Education Authority to notify a mentally defective child who is leaving a Public Elementary School at fourteen similar to that which enables them to notify a child leaving a Special School at sixteen has resulted in large numbers of children who are in fact defective within the meaning of the Mental Deficiency Acts going out into the world without that protection which the Acts were intended to secure for them.

42. (iii) The Mental Deficiency Act, 1913, as already stated, provides under Section 2 (2) (*a*), as amended by Section 2 of the Act of 1927, that certain children may be notified by the Local Education Authority to the Local M.D. Authority if the Board of Education certify that there are " special circumstances which render it desirable that they should be dealt with under this Act by being placed under supervision or guardianship or being sent to an Institution." The children who may be thus notified are children who have been certified as feeble-minded but as not incapable, by reason of mental defect, of receiving benefit from instruction in Special Schools, and who, therefore, if it were not for these " special circumstances," would continue to fall within the purview of the Local Education Authority. There is no evidence to show what precise " special circumstances " the legislature had in view in making this provision, but it is clear that in general the intention was to secure proper care for children for whom the Local Education Authority were unable to provide under their own powers. It was, no doubt, contemplated when the Act of 1913 was passed that before long Local Education Authorities would have provided sufficient Special School accommodation for the whole group of educable mentally defective children and that the only members of this group for whom their existing powers were not sufficiently extensive to enable them to provide would be those who, for some reason other than educational incapacity or detrimental behaviour, could not receive at Special Schools the particular forms of care and control that they required. If adequate provision of both day and residential schools had been made the number of these children would, no doubt, have been extremely small, but, as we have seen, the supply of Special School accommodation has lagged far behind the demand and there is, in fact, a large body of high grade mentally defective children who have remained in the Public Elementary Schools throughout their school lives. In theory the Local Education Authorities' powers were sufficient to meet the

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* *See* (iii) below.

needs of these children who were *ex hypothesi* suitable for admission to Special Schools ; but in practice the inadequacy of Special School accommodation made it impossible for Authorities to provide for these children themselves. Moreover, the very fact that the children were not attending Special Schools kept them, as we have seen in the preceding paragraph, outside the scope of Section 2 (2) (*b*) of the Mental Deficiency Act, 1913, and the only means by which provision for their care could be secured was notification under that part of Section 2 (2) (*a*) which we have quoted above.

This brief account of what has occurred in this connection since the passing of the Act of 1913 will show that the " special circumstances " have necessarily come to be given a different and a wider connotation than was originally contemplated. Most of the cases in which children have been notified on account of " special circumstances " have been those of boys or girls of some twelve years of age and upwards, who may or may not have been attending Public Elementary Schools but were not attending Special Schools, and who owing to unsatisfactory home circumstances or for other reasons were exposed to moral dangers or were likely to be a danger to others. Other cases have been those of mentally defective children who were also suffering from blindness, deafness, epilepsy or some other physical defect, for whom no suitable Special School accommodation existed, even though the provision of such accommodation was within the powers of Local Education Authorities. Other cases again in more recent years have been those of children suffering from the after effects of encephalitis lethargica, whose conduct, behaviour or moral character, even though they might not be " detrimental," was such as to render it necessary for them to be dealt with under the Mental Deficiency Acts.

Local Education Authorities have perhaps not made such wide use of their powers of notifying children on the grounds of " special circumstances " as they might have done, partly because the Act required that all such proposals must be submitted to the Board of Education. We believe moreover that the Board, having in view the Parliamentary history of this section and the fact that it was intended to cover cases which could not be dealt with under any of the Local Education Authorities' existing powers, have administered it with considerable restraint and have in general been unwilling to regard the impossibility of securing a child's admission to a Special School as a " special circumstance " justifying the issue of their certificate. Whatever the reasons for the small use that has been made of this Section of the Act, we are convinced that it has resulted in considerable numbers of children who were in urgent need of the protection afforded by the Act being prevented from obtaining it.

The three questions which we have discussed in the preceding paragraphs appear to us to reveal a somewhat serious weakness in the Mental Deficiency Acts and certainly to have hindered their

successful working. In formulating our proposals for the future with regard both to the certification and notification of children and to the allocation of responsibility between the Authorities concerned, we will make certain recommendations which will, we hope, overcome these difficulties.

(2) FUNCTIONS OF LOCAL AUTHORITIES UNDER THE MENTAL DEFICIENCY ACTS, 1913–1927.

43. We have so far discussed the powers and duties of Local Education Authorities with regard to mentally defective children; we will now turn to the functions of the Local Authorities under the Mental Deficiency Acts in respect of those children and adults who fall within their province.

(a) *Statutory Duties.*

44. The Act of 1913 set up the Board of Control as the central body and the County and County Borough Councils as the Local Authorities for the purposes of the Act. These Local Authorities are required by Section 30 of the Act of 1913, as amended by Section 7 of the Act of 1927,

(*a*) to ascertain what persons in their area are defectives subject to be dealt with under the Act (apart from children between 7 and 16);

(*b*) to provide suitable supervision for these persons or if such supervision affords inadequate protection to secure that they shall be dealt with by being sent to institutions or placed under guardianship;

(*c*) to provide suitable and sufficient accommodation for those who are sent to institutions and to maintain them in those institutions;

(*cc*) to provide suitable training or occupation for defectives under supervision or guardianship or in institutions;

(*d*) to make provision for the guardianship of those who are placed under guardianship.

They are also empowered by Section 30 (*e*) if they think fit, to maintain or contribute towards the maintenance in an institution or approved home or under guardianship of any defectives other than those referred to above.

The Local Authorities are, however, under no obligation to deal with any defectives who are already being dealt with under the Education, Poor Law* or Lunacy Acts.

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* The repeal by Section 14 (4) of the Local Government Act, 1929, of the latter half of Section 30, proviso (ii) of the Mental Deficiency Act, 1913, while placing no obligation on Local M.D. Authorities to deal with defectives now being dealt with under the Poor Law, removes the embargo hitherto placed on action by those Authorities. Moreover Section 5 of the Local Government Act empowers County and County Borough Councils to declare by scheme that any assistance that could be provided, either by way of poor law relief or by virtue of the Mental Deficiency Act, 1913, shall be provided under the latter Act.

(b) *Limitations on the powers and duties of Local M.D. Authorities.*

45. Now the powers and duties of the Local Authorities thus described appear at first sight to be sufficiently comprehensive and to be limited only by the three exceptions referred to in the preceding paragraph. There is, however, a further limitation, which, when taken in conjunction with these exceptions, greatly restricts their functions. Section 30 (1) of the Act of 1913 gives the Local Authorities powers and duties in respect of defectives who are " subject to be dealt with " under the Act, and the only types of defective who are subject to be dealt with are those described in Section 2 (1) (*b*) as amended by the Act of 1927, namely those :—

(i) Who are found neglected, abandoned, or without visible means of support, or cruelly treated, or with respect to whom a representation has been made to the Local Authority by the defective's parent or guardian that he is in need of care or training which cannot be provided in his home ;

(ii) Who are found guilty of any criminal offence, or who are ordered, or found liable to be ordered, to be sent to a certified Industrial School ;

(iii) Who are undergoing imprisonment (except imprisonment under civil process), or penal servitude, or undergoing detention in a place of detention by order of a court, or in a Reformatory or Industrial School, or in an Inebriate Reformatory, or who are detained in an Institution for Lunatics or a Criminal Lunatic Asylum ; or

(iv) Who are habitual drunkards within the meaning of the Inebriates Acts, 1879–1900 ; or

(v) In whose case such notice has been given by the Local Education Authority as is hereinafter in this Section mentioned ; or

(vi) Who are in receipt of Poor Relief at the time of giving birth to an illegitimate child or when pregnant of such child.

In other words, the Local Authority have no power nor duty to ascertain or provide for any defective unless and until he or she has been found neglected or cruelly treated or without visible means of support, or has come into contact with the law, or got into serious trouble—except in the case of persons brought to the Authority's notice by their parents (Section 2 (1) (*b*) (i) of the Act of 1913 as amended by Section 2 of the Act of 1927) and of children notified by the Local Education Authority (Section 2 (1) (*b*) (v)). It is thus clear that the exercise of their functions by the Local M.D. Authority is in the main dependent on the extent to which Local Education Authorities fulfil their duties in regard to ascertainment and notification. We wish to emphasise this at the risk of some

repetition, since it lies at the root of the matter. It must moreover be borne in mind that considerable numbers of defective children are in the hands of Poor Law Authorities and are thus in the main outside the province of the Local M.D. Authorities.

We desire to point out that the limitations imposed by the Legislature on the powers of the Mental Deficiency Authorities have operated in a sense and to an extent which we do not think was contemplated by Parliament. It was, we believe, anticipated that once the Acts of 1913 and 1914 were passed, practically all defectives (except possibly those under the Poor Law) would in future be caught in the sieve of the Local Education Authority before they reached the age of 16, and that consequently, apart from those who had already passed the age of 16 when the latter Act came into operation, the only defectives whom the Local M.D. Authorities would have to ascertain for themselves would be a small residue who developed tendencies dangerous to themselves or to the community after they had passed out of the jurisdiction of the Local Education Authorities. We believe that it was for this reason that the Act of 1913 so closely limited the classes of adult defectives whom the Local M.D. Authority might themselves ascertain as "subject to be dealt with" under the Act. However this may be, it remains true that large numbers of adult defectives who need care and control are deprived of it owing to the working of these limitations and that one of the main purposes of the Mental Deficiency Acts cannot be achieved unless Local Education Authorities ascertain all the defective children in their areas and notify all who require supervision, guardianship or institutional care.

(c) *Permissive powers.*

46. Mention should also be made of what may be described as the permissive powers enjoyed by the Local M.D. Authorities. There are certain classes of person for whom they have the power, but no duty, to make provision. They may under Section 30 (*e*) of the Act of 1913 "if they think fit, maintain in an Institution or approved Home, or contribute towards the expenses of maintenance in an Institution or approved Home, or the expenses of guardianship of any defectives other than aforesaid," i.e. other than those who are "subject to be dealt with." The assistance given in these cases however is discretionary, and is not aided by contributions from the Exchequer; moreover the expense which may be incurred by the Authority in rendering it must not in any one year exceed the produce of a penny rate. The facts that the Local Authorities are under no obligation to exercise their permissive powers and that the whole of the limited expenditure which they may incur in dealing with these defectives must come out of the rates have resulted in very little use being made of these powers

(d) *Forms of provision.*

The various forms of provision which may be made for defectives under the Mental Deficiency Acts may be summarised as follows :—

(i) *State Institutions* may be established and managed by the Board of Control for the maintenance of defectives of dangerous or violent propensities.

(ii) *Certified Institutions* may be established by Local Authorities, by Societies or Associations, or under certain conditions by Poor Law Authorities.

(iii) *Approved Homes* may be conducted, for private profit or otherwise, for the reception of defectives supported wholly or partly by voluntary contributions ; no defective under Order can be sent to or detained in such a Home.

(iv) *Certified Houses.*—The Board may grant a certificate to a person desirous of receiving defectives into his house for private profit. No Local Authority however can contribute towards the expenses of maintaining a defective in a Certified House.

Where a defective does not require institutional treatment he may be placed

(v) Under the guardianship of a suitable person nominated by the Judicial Authority, or

(vi) Under statutory supervision.

Under the Act of 1927 training must be provided for all defectives who are dealt with in any of these ways, though this obligation does not arise in the case of defectives under supervision if the Board of Control are satisfied that there are adequate reasons for not providing the training.

(e) *Safeguards.*

47. We have already referred to some of the limitations imposed by the Statutes and otherwise on the activities of Local M.D. Authorities. We need only add that from the point of view of the defective the Legislature has been equally careful to provide the fullest possible safeguards against the improper curtailment of individual liberty and the undue detention of defectives. No defective may be placed under guardianship or sent to an Institution (except in certain cases at the instance of his parents) without an Order from a Magistrate, and this can only be given under Section 5 of the Mental Deficiency Act, 1913, after the presentation of a petition accompanied by two medical certificates. The Magistrate's Order can only be given, in the first instance, for one year and is subsequently subject to review from time to time. Moreover defectives may be discharged by the Visitors on attaining the age of 21, or by the Board of Control at any time. Similar precautions are taken in regard to defectives dealt with under Sections 8 and 9 of the Act.

(3) FUNCTIONS OF OTHER PUBLIC AUTHORITIES.

48. It will be apparent from what has already been said that Parliament in framing the Act did not in fact place all defectives under one Central Authority, or under a single Local Authority in each area, as recommended by the Royal Commission on the Feeble-minded. The Mental Deficiency Acts not only contemplate a division of responsibility between Local M.D. and Education Authorities, but also leave outside the sphere of either of these Authorities large numbers of defectives who, in the words of the Royal Commission, " cannot take part in the struggle of life " and so " should be afforded State protection according to their needs," and whose claim to help from the State is not their poverty nor their crime, but their mental condition. We have already discussed the functions of (1) Local Education Authorities, and (2) Local M.D. Authorities ; let us now turn to the three principal groups of defectives who fall outside the province of these Authorities and are dealt with by (3) the Poor Law Authorities ; (4) the Lunacy Authorities ; and (5) the Home Office.

(a) *The functions of Poor Law Authorities.**

49. Boards of Guardians under their ordinary powers for the relief of the poor—and in particular under the Poor Law (Certified Schools) Act, 1862, the Poor Law Amendment Act, 1868, Section 4 of the Poor Law Amendment Act, 1851, and Section 10 of the Poor Law Act, 1879—may send any mental defective chargeable to their Union to any appropriate institution. They are empowered to select the proper form of relief for a poor person requiring relief on account of sickness, accident or bodily or mental infirmity. Special powers have been given in London to the Metropolitan Asylums Board. Thus, Guardians have ample powers to maintain any defective in a workhouse or in an appropriate institution, and practically the only stipulation is that this provision shall be made " on the advice of the Medical Officer." Wide use has been made by Guardians of these powers and there is reason to believe, as we shall show later, that there are many defective children in Poor Law and other institutions maintained by Guardians. With certain exceptions these defectives are not within the purview of the Mental Deficiency Acts, are not detained in accordance with the provisions of these Acts and do not benefit from the safeguards or protection which they provide. For example, their cases are not periodically reviewed in conformity with Section 11, nor can they be licensed from the institutions by the methods applicable to cases which are detained under the Act. Moreover, it is left to the discretion of Guardians whether defectives shall be treated as paupers or as

*This Report, except where expressly indicated, does not take account of alterations in the law which have been brought about by the passing of the Local Government Act, 1929, since the Report was presented.

mentally defective persons. It is true that Boards of Guardians have the power, under Regulations,* to report cases to the Local M.D. Authority, but they have no duty to do so. Defectives dealt with by Guardians are under no certificate and may be discharged by the Guardians or withdrawn by their parents or relatives at any moment. Guardians are under no obligation to establish special institutions or colonies for defectives, though some of them have set up institutions of this sort. The defectives attending them, however, cannot be sent out on licence or transferred by a varying Order to guardianship, they enjoy none of the safeguards provided by the Mental Deficiency Acts, and however great their need of institutional control, they may take their discharge as soon as they cease to be children.

50. The position of mentally defective children under the Poor Law seems particularly anomalous. Section 30, proviso (iv), of the Mental Deficiency Act, 1913, provides that the duty of ascertaining what children in the area between the ages of seven and sixteen are defective rests with the Local Education Authority and that the Local M.D. Authority shall have no duties as respects defective children except those whose names and addresses are notified to them by the Local Education Authority. Section 30, proviso (ii), however, provides that " nothing in this Act shall affect the powers and duties of Poor Law Authorities under the Acts relating to the relief of the poor, with respect to any defectives who may be dealt with under those Acts."

These two provisos are extremely hard to reconcile and we understand that divergent views have, in fact, been taken as to their meaning. It is widely held that Local Education Authorities have no right of entry into Poor Law Institutions and, unless requested by the Guardians, are consequently precluded from ascertaining or notifying mentally defective children who are in the hands of the Poor Law Authorities. We understand that a working arrangement has been made between the Board of Education and the Board of Control with a view to minimising the administrative difficulties which have arisen under the provisos referred to above, but the fact remains that proviso (ii) has undoubtedly operated against the transfer to the Local M.D. Authority of many children who were in urgent need of the protection afforded by the Act.

Again, so far as education is concerned, the position is not altogether clear. The fact that Local Education Authorities cannot ascertain mentally defective children in Poor Law Institutions may deprive these children of the educational facilities which are open to other mentally defective children. It appears to be the duty of the Guardians to present children for examination by the Local Education Authority under Section 55 of the Education Act, 1921,

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* The Regulations in question are made under the Mental Deficiency Act, 1913, latter part of Section 30, proviso (ii), which is now repealed.

though this duty is not easy to enforce. It also appears to be the duty of the Local Education Authority to examine children in the hands of the Guardians under that Section, but as already stated there is some doubt as to the extent to which these Authorities can in fact exercise their powers and duties with regard to such examination and ascertainment. Again, it appears to be the duty of the Local Education Authority, at the request of the Guardians, to provide for the education at day schools of any mentally defective children for whom the Guardians may be responsible ; but the Local Education Authority are under no obligation to provide for the education of such children in Residential Schools unless the whole cost is repaid to them by the Guardians. In one or two cases the Guardians have themselves provided Special Schools* for mentally defective children in Poor Law Institutions and the Guardians have also sent a limited number† of children to Residential Special Schools certified by the Board of Education. Apart however from these cases and cases in which there is a Day Special School available for mentally defective children in Poor Law Institutions or boarded out by the Guardians, very little suitable educational provision can, in fact, be made for these children.

(b) *The functions of Local Authorities under the Lunacy Acts*, 1890–1911.

51. Section 30, proviso (iii) of the Mental Deficiency Act, 1913 provides that—

> "Nothing in this Act shall affect the powers and duties of Local Authorities under the Lunacy Acts, 1890–1911, with respect to any defectives who may be dealt with under those Acts, nor shall Local Authorities under this Act have any duties or powers with respect to defectives who, for the time being are, or who might be, provided for by such Authorities as aforesaid except to such extent as may be prescribed by Regulations made by the Secretary of State with the concurrence of the Lord Chancellor."

Regulations enabling the transfer of defectives, subject to two medical certificates and a Magistrate's Order, from Mental Hospitals to certified institutions have been made, but owing largely to the inadequate accommodation provided by the Local M.D. Authority little use has been made of these Regulations. Mentally defective

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* There are two certified Residential Special Schools for mentally defective children provided by Poor Law Authorities, with accommodation for some 350 children (of whom almost half are maintained by Local Education Authorities) and there are also a certain number of Residential Schools provided by Guardians for similar children, which are not certified by the Board of Education.

† In recent years the number of children maintained by Poor Law Authorities at Residential Special Schools provided by other Bodies and certified by the Board of Education has ranged round about 250.

children and adults are still frequently certified under the Lunacy Acts and are seldom subsequently transferred to the care of the Local M.D. Authority. Mental Hospitals are, as a rule, far from suitable for the treatment of mental defectives, particularly children and young trainable adults; moreover the presence of these defectives may be detrimental to the interests of the other inmates and may and indeed does result in overcrowding.

Defectives attending Mental Hospitals can like other patients be discharged by the visiting committees without reference to the Board of Control or to the Local Authority and without any of the safeguards, such as licence, guardianship or supervision, provided by the Mental Deficiency Acts.

(c) *Functions of the Home Office.*

52. Under Section 57 of the Children Act, 1908, youthful offenders between the age of 12 and 16 may be committed to certified reformatory schools, and under Section 58 children under 12 years of age, and in certain circumstances children over that age but under the age of 14, may be committed to certified industrial schools. Section 62 (2) of the Act further empowers the Court to transfer to a certified "Special" School youthful offenders or children who are unable by reason of mental or physical defect to receive proper benefit from the training in an ordinary certified school. Again, children may, if found to be mentally deficient, be transferred by Order of the Secretary of State under Section 69 of the Act from an ordinary reformatory or industrial school to a special reformatory or industrial school, as the case may be, for mentally defective children. Moreover children attending such a school who are found before discharge to be likely to require care and control under the Mental Deficiency Acts may by Order of the Home Secretary be transferred to an institution for defectives certified under the Mental Deficiency Acts, or be placed under guardianship under those Acts, while in cases where the child does not require institutional treatment or guardianship arrangements may be and occasionally are made by the Local M.D. Authority to provide suitable voluntary after care and supervision for the child on his discharge or his release on licence, and this voluntary supervision may be exercised both during the period of statutory supervision by the School Managers under the Children Act and subsequently.

These provisions are good so far as they go, but it must be pointed out that there is no obligation that mentally defective children attending schools under the administration of the Home Office should be reported to and dealt with by the Local M.D. Authority, nor have Local Education Authorities any clearly defined powers or duties with regard to the ascertainment of children attending Home Office schools. Moreover the powers of the Home Office with regard to these children cease at 18 or 19 and there is no

provision to ensure that such defectives will be reported on leaving school or after their period of probation or licence to the Local Authority. Even if a child is reported to that Authority under a voluntary arrangement after leaving a Home Office school, the fact that he is so reported does not render him subject to be dealt with under the Act and the Local M.D. Authority cannot therefore take any action in regard to him unless and until he has met with one of the social disasters referred to in Section 2 of the Act of 1913

PART II.—THE MENTALLY DEFECTIVE CHILD.

CHAPTER IV.

PRESENT ADMINISTRATIVE ARRANGEMENTS AND PROVISION FOR MENTALLY DEFECTIVE CHILDREN.

As has been shown in the preceding Chapter, the responsibility for discovering all the mentally defective children in the country between the ages of seven and sixteen, subject to certain exceptions, rests with the Local Education Authority, whose duty it is in general terms to provide for the education in Special Schools of those who are capable of benefiting from such education, whom for the purposes of this Chapter we will term educable mentally defective children (or simply mentally defective children when the context makes the meaning obvious), and to notify to the Local M.D. Authority those who fall below this standard, whom we will term notifiable or notified children. The responsibility for making provision for the care and control of all notified children rests with the Local M.D. Authority. In order to be in a position to consider how far the present arrangements contemplated in the Acts and Regulations meet the needs of the case, we propose to describe briefly

I. the actual working of the administrative arrangements, and

II. the actual provision now made in Special Schools, Centres and Institutions or otherwise for the care, education and training of all grades of mentally defective and notified children.

I. THE WORKING OF THE ADMINISTRATIVE ARRANGEMENTS.

53. As already noted, the fundamental conditions on which the successful working of the administrative arrangements depends are first that the Local Education Authorities should ascertain all the mentally defective children in their areas, and secondly that they should notify all those who require protection under the Mental Deficiency Acts. In so far as the educable mentally defective children remain undiscovered and uncertified under the Education Act, the Local Education Authority can make no suitable provision for their education in Special Schools ; and in so far as the notifiable children are not in fact notified, the Local M.D. Authority cannot provide for their care, supervision and training. Let us now consider how far these fundamental conditions are met.

A. Educable Mentally Defective Children.

(1) methods of ascertainment.

54. There are two stages in the ascertainment of a child—

(*a*) the initial discovery or finding of a defective child ; and

(*b*) the special examination of that child by a certifying officer.

(*a*) The actual work of ascertainment depends largely, in the first instance, on the teachers, whose function it is to bring to the notice of the members of the School Medical Staff any child whom they find to be unduly slow or backward, or who shows other obvious signs of mental retardation or deficiency. Assistance is also given by School Nurses who have opportunities for observing children at the Clinics or in their homes, and by School Attendance Officers whose inquiries as to the reasons of children's absence from school not infrequently lead to the discovery of defectives. Parents too may from time to time bring to notice children who are listless or troublesome at home and ask for them to be examined by the School Medical Officer.

Another fruitful source of discovery is the routine medical inspection of the School. Local Education Authorities are required,* as part of their School Medical Service arrangements to provide for the routine medical inspection of all children attending Public Elementary Schools on three separate occasions during each child's school career—in the first year after their admission, at the age of 8, and again at the age of 12. These regular inspections should afford the Medical Officers an opportunity of discovering almost all defective children at some period during their school life.

(*b*) When the existence of a supposed mentally defective child is brought to light in one or other of these ways it is the practice to present him to the Certifying Officer for special examination. The Certifying Officer is usually the School Medical Officer or some other Medical Officer on the Local Education Authority's staff, who must, before being approved by the Board of Education under Section 55 of the Education Act 1921 and Section 31 of the Mental Deficiency Act, 1913, have had adequate theoretical knowledge and practical experience of mental deficiency work. This Officer proceeds to subject the child to a full and exhaustive examination, the results of which he must record in the form of a report, which may in certain circumstances have to be submitted to the Board or possibly produced in a Court of Law. The form in which these reports are generally made provides for full information to be given about the child's parentage, medical history, home circumstances, social proclivities and educational attainments. The report should also include an assessment of the child's intelligence on the basis of one or

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* Board of Education Special Services Regulations, 1925, Article 17.

other of the accepted Scales of Intelligence, a diagnosis and a recommendation as to the appropriate treatment for the child. The Certifying Officer will have the advantage in connection with this examination of a report or reports by the Head Teacher of the school which the child is attending, and often also of a report on the child's home conditions by a Care Committee visitor, a social worker, a school nurse, or some other officer of the Authority.

It would appear at first sight that the arrangements we have described above would be such as to ensure the discovery of all mentally defective children before the end of their school career. This unfortunately has not proved to be the case. In the first place the process often breaks down at the initial stage. Many teachers are perhaps not unnaturally reluctant to take steps which might lead to the certification of a child as mentally defective, with all that this may involve. The classes are often too large to enable the teacher to give that measure of attention to individual children which is required if he is to be in a position to distinguish between retardation due to extraneous causes and that resulting from low intelligence ; and in these circumstances he naturally tends to minimise the child's shortcomings and to regard him as merely backward rather than defective. Moreover, teachers are not infrequently apt to present to the doctor children who, in addition to being backward, are troublesome in school rather than those of poor mental endowment. Then, again, the School Medical Officer who conducts the routine medical inspection may not on the first or even on the second occasion detect a child's mental retardation ; he is primarily concerned in the examination of the child with a view to discovering whether he is suffering from one or other of the commoner physical defects, and since, particularly in the large towns and to a less extent in country districts, he has to examine a given number of children at each session, he has little or no time to spare for the more detailed and lengthy examination of the child's mental condition. It thus frequently happens that a mentally defective child, particularly one who is of relatively high grade and shows no marked anti-social characteristics, may escape notice until far on in, or even up to the end of, his school life.

Again, at the second stage the process often fails, though for different reasons. On the one hand Medical Officers, especially in recent years, have felt reluctant to issue a formal certificate of mental deficiency except in the clearest possible cases ; and on the other hand, in many areas, they regard it as useless to certify a child as defective when they know that such action will not lead to any special provision being made for his education or care. We shall have occasion to refer further to this matter in subsequent parts of our Report.*

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* *See* especially paras. 94, 104 and 138.

(2) NUMBERS ASCERTAINED.

55. The number of educable mentally defective children actually ascertained by Local Education Authorities as mentally defective within the meaning of Section 55 of the Education Act is 33,000; that is to say, six out of every 1,000 children on the registers of the Public Elementary Schools. It appears, however, from the Report for 1923 of their Chief Medical Officer that the Board of Education, being convinced that the actual ascertainment was far from complete in many areas, decided, on the basis of returns from a number of Local Education Authorities, to accept as a minimum standard to to which the ascertainment in all areas ought to attain the ratio of 7·5 per thousand.* On this basis the number of educable mentally defective children in England and Wales between the ages of 7 and 16 would be approximately 42,000 at the present time. It was realised, however, that even this figure was almost certainly an under-estimate, and that in all probability the number of these children was appreciably greater. That this is in fact the case is shown by the findings of the investigations undertaken by this Committee, which will be discussed in the next Chapter.

(3) EXTENT OF PROVISION.

56. The number of Special Schools provided for educable mentally defective children at the present time is 180, of which 159 are Day Schools with accommodation for some 14,850 children, and 21 are Residential Schools with accommodation for some 1,900 children, a total accommodation of approximately 16,750. The whole of these schools, except for twelve residential ones which accommodate some 1,350 children, were provided and are administered by Local Education Authorities. The actual number of children on the registers of these schools is approximately 16,000. It appears on these figures that the schools only provide for half the children ascertained.

B. NOTIFIABLE CHILDREN.

(1) METHODS OF ASCERTAINMENT.

(a) *General Observations.*

57. Under Section 30 of the Mental Deficiency Act, 1913, it is the duty of the Local M.D. Authority "to ascertain what persons within their area are defectives, subject to be dealt with," and, as we have already seen, those "subject to be dealt with," as defined in Section 2 of the Act, are broadly speaking those who have been notified by the Local Education Authority and those who are neglected or delinquent or who have got into trouble in other ways.

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* The actual figure given in the report in question was 8·6 per thousand children *in average attendance* at Public Elementary Schools. This is equivalent to a ratio of 7·5 per thousand of the average number of children whose names were *on the registers* of those Schools in that year.

To these categories the Act of 1927 has added those in whose case the parents or guardians have applied to the Local Authority to provide care or training. Thus, the Local M.D. Authority to a very large extent have to depend upon the Local Education Authority and to a less, but still considerable, extent upon other Authorities who are concerned to deal with persons falling within the other categories mentioned in Section 2 of the Act of 1913.

The duty of ascertainment must necessarily be the starting point of all work under the Mental Deficiency Act. Failure in ascertainment means failure in the whole Act. Unfortunately, ascertainment has been adversely affected by the following facts :—

(i) The lack of institutional accommodation which has led both Local Education and M.D. Authorities in many instances to feel that unless the defective ascertained can be sent to an institution it is of little use to know of his existence.

(ii) The want of realisation that supervision affords the best means (apart from the limited cases which can be dealt with under guardianship) of keeping in touch with defectives and enabling them to be transferred to institutions as soon as their need is urgent and a vacancy occurs.

(iii) The want of knowledge on the part of officials, social workers and the public generally of the possibility of certifying high grade defectives.

(iv) The fact that Local M.D. Authorities have no power to ascertain for themselves defectives who are in Poor Law Institutions or Mental Hospitals.

To these causes must in the main be attributed the generally low average of ascertainment throughout the country.

The process of ascertainment for the purposes of the Mental Deficiency Acts, 1913–1927 involves two distinct processes, one predominantly of a medical character, the other of a social character. For the purpose of medical diagnosis it is necessary to establish that the subject actually displays serious inefficiency whether in the home, at school or in the working world ; that this inefficiency is not the result of causes such as physical disability or an unfavourable environment, but that it is primarily and essentially due to mental defectiveness ; that the arrest or incomplete development of mind has arisen from inherent causes or been induced by disease or injury and that it existed or arose during the first 18 years of life ; and that the subject falls within one of the classes of defectives defined in the Mental Deficiency Acts. Each of these criteria must be satisfied in every case, but the actual materials for a decision naturally vary with the age of the subject. In general it may be said that a diagnosis is founded upon a critical evaluation of the social, personal and family history in conjunction with a careful interpretation of the data found at the time of the individual medical examination.

The diagnosis of mental deficiency may be established without a full history from the data observed by the medical examiner, but it can never firmly be sustained, however much it may be suspected, on the evidence of history alone. Moreover since any action taken may interfere with the full and free liberty of the subject, it is essential that the accuracy of all statements made by informants should be confirmed wherever possible. A full and proper study of the alleged defective individual therefore demands not only clinical observation and diagnostic acumen on the part of the Medical Officer, but a knowledge both of individual mental differences and of the technique of social work on the part of the officer who makes the ancillary inquiries. Training in these matters is the more important since the judicious assessment of capacities, motives and actions necessitates an ability on the part of the Officer to put himself into the position of others and arrive at a judgment without being swayed by personal predilections.

If these postulates be admitted it is clear that specially trained officers are needed for the purpose of ascertainment and that this task cannot satisfactorily be carried out without previous experience of the type of inquiry demanded. In certain areas the work of ascertainment has been assigned to special Medical Officers assisted by a staff of inquiry officers, who may again be assisted by a local Voluntary Mental Welfare Committee. In a few areas there is a whole time *ad hoc* Medical Officer ; in others the help of the Medical Superintendent of a local Mental Hospital has been enlisted ; but in most areas the duty of ascertainment has been assigned to the Medical Officer of Health (who is usually also the School Medical Officer) or to some of the other Medical Officers of the Local Authority who may or may not have been dealing with the mentally defective children in the schools. In many of these areas the investigation of the individuals who are alleged to be defective is carried out in considerable detail. In some other areas, however, there is no specially assigned Medical Officer and the duties are carried out by the lay officer who also acts as the executive officer of the Local M.D. Authority. This lay officer either himself or through his assistants investigates cases primarily with a view to determining whether, if found defective, they could be regarded as subject to be dealt with ; and it may well be that he will only ask for a medical report on doubtful cases or on those in which it is proposed to present a petition.* In such areas there is at least a possibility of error, since the form of care required in any given case is dependent upon the nature and degree of the mental defect found.

Even when the fullest provision for staffing has been made, the efficiency of ascertainment depends on the liaison established between the Local M.D. Authority and other Authorities, Institutions, Mental Welfare Associations and other Societies in the area.

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* In urban areas a medical opinion will more often be secured.

As yet only a small, though far from negligible, number of defectives has come to light as a result of applications for assistance on the part of relatives. It is to be anticipated that the amendment made by the Act of 1927 in Section 2 (1) (*b*) (i) of the Act of 1913 will lead to a material increase in these numbers, but even so the main source of information will continue to be the other Authorities referred to above.

Of these other Authorities, the most important are the Local Education Authorities and the Poor Law Guardians. Local Education Authorities as already explained are themselves ascertaining authorities, and there is as a rule reasonably adequate liaison between them and the Local M.D. Authority so far as the Counties and County Boroughs are concerned, since in these areas the Council is the Authority under both Acts. In the case of those Boroughs and Urban Districts, however, in which the Council is the Local Education Authority for Elementary Education but not the Local Authority under the Mental Deficiency Act, the measure of co-operation with the County Mental Deficiency Authority is by no means always satisfactory. Some Local M.D. Authorities accept the submission of the Report and Certificate by the Local Education Authority's Certifying Officer as the equivalent of the medical side of ascertainment for the purposes of the Mental Deficiency Acts, and in areas where school ascertainment is carefully performed there is little need of further medical examination unless and until it is deemed necessary to present a petition, since the Local Education Authority and their Officers should be able to supply full information.

At the same time we must bear in mind that the powers of Local Education Authorities to ascertain defective children between the ages of 7 and 16 if they are under the Poor Law are limited. This is a serious leakage for which neither Authority is responsible. As many of these children have no homes, or bad homes, they are often in need of protection under the Act when they leave the care of the Guardians. Where the Local Education and Mental Deficiency Authority are working in close co-operation with the Poor Law Guardians this leakage might be minimised, but it exists in most areas in the country.

Co-operation between the Mental Deficiency Authorities and the Guardians is essential if the work of ascertainment is to be efficiently performed, since, owing to the operation of Section 30, Proviso (ii)*, of the Act of 1913, the Local M.D. Authority have no power to ascertain defectives who are in the hands of the Poor Law Authorities ; and as these constitute a large proportion of the total number of defectives in the country, the functions of the Mental

* The repeal of the latter half of this proviso by Section 13 (4) of the Local Government Act, 1929, removes an obstacle in the way of the ascertainment by the Local M.D. Authorities of defectives who are being dealt with by the Poor Law Authorities. *See* note on page 32.

Deficiency Authority are to a great extent dependent on the attitude of the Guardians. If the Guardians are friendly, co-operative and alive to the importance of the problem, they can report to the Local Authority all defectives requiring the forms of care contemplated in the Mental Deficiency Acts and the Authority may accept responsibility for these cases if they are " willing " and " able " to do so ; if, on the other hand, the Guardians prefer to keep the defectives in their own hands, they may do so, and the Local Authority can do nothing. Many Boards also are influenced by their knowledge of the shortage of accommodation, and not realising that supervision enables the Local Authority to keep in touch with all the defectives they make little use of the regulations* made under Section 30 (proviso ii) and the defective leaves the Poor Law Institution with no more protection than the normal person. The failure on the part of Guardians to make wider use of these regulations for the purpose of reporting defectives to the Local M.D. Authority is largely due to lack of close co-operation between the two Bodies, but its use is in practice further restricted by the fact already noted that the Local Authority are under no obligation to accept responsibility for these cases unless they are " willing and able " to do so.

We have already referred to the fact that the Local Authority cannot ascertain defectives in the Mental Hospitals. Many defectives, who as the result of psychosis have been certified under the Lunacy Act, are discharged, when the acute condition has been cleared up, without reference to the Local Authority and are then lost sight of.

(b) *Ascertainment of children under seven.*

58. The sources of available information naturally vary with the age of the subject. For children under the age of 7 the information for the most part comes from such sources as private medical practitioners, general and children's hospitals, charitable organisations, infant welfare centres, parents and friends of alleged defectives, local voluntary Mental Welfare Associations and other societies. A smaller number come to light through the Poor Law Guardians, while from the age of 4 or 5 or even earlier, information, but not formal notifications, may be received from the School Medical Service. In Scotland, where the school service is formally connected with the task of ascertainment of children from the age of 5, the value of this source of information in the earlier years is naturally greater. School Attendance Officers and other Officers of the School Service often have information as to the existence of defective children below the school age and in several areas these Officers act in concert with those of the Local M.D. Authority by giving them data as to children who should be ascertained. It must be

* These regulations are no longer operative. *See* note on page 37.

remembered however that, apart from those notified through the Poor Law sources and those whose parents or guardians apply for help, a child under seven is in precisely the same position as an adult and although defective is only subject to be dealt with if in some measure neglected or abandoned or without visible means of support. This group of cases is a small one, for there is no doubt that many of the more defective younger children are dealt with primarily on the grounds of poverty and pass into institutions of the Guardians, and that a relatively small proportion of those requiring the forms of care contemplated in the Mental Deficiency Acts are brought to the notice of the Local M.D. Authorities.

Even when brought to the notice of these Authorities many cases under the age of 7 are found not to be "subject to be dealt with." In a few areas the wise practice has been adopted of making preliminary inquiries in these cases and, if the home conditions are satisfactory, of invaliding the children from school attendance if necessary, placing them under friendly supervision and noting their names so as to secure re-examination within three months of their attaining the age of 7, when, if deemed idiot or imbecile or for other reasons unsuited for Special School education, their names may be notified to the Local M.D. Authority, subject if necessary to the concurrence of the Board of Education.

(c) *Ascertainment of children of school age.*

59. In the case of children between 7 to 16 ascertainment is conducted under the aegis of the Local Education Authority who thus constitute the chief source from which names are supplied to the Local M.D. Authority. The action taken by the Education Authorities has already been described and there is no need to discuss it further here. Apart from this source a small number of cases are brought to the notice of the M.D. Authority through the Juvenile Courts or the industrial and reformatory schools under sections 8 and 9 of the Mental Deficiency Act and a few from Poor Law sources. The extent to which information is received and action taken through the Juvenile Courts depends on the arrangements, if any, which are made for the examination of delinquent children while on remand. It is only in the case of a very few areas that any arrangements exist for the medical examination of mentally defective children coming before the Courts. Many Courts do not realise the importance of a medical examination as a first step towards claiming for the defective child or young person the protection of the Mental Deficiency Acts. In those few areas where it is the practice to give a mental and medical examination to every such child who has ever been suspected of mental deficiency or proposed for a Special School examination or whose conduct shows any abnormality or in whose case the teachers, or the Superintendent or Medical Officer of the place of detention, or needless to say the Court, think such an examination would be desirable, the bulk of

the cases that prove to be defective can be dealt with either by being sent to a certified institution under the Mental Deficiency Act, to a Special Industrial School under Section 62 (2) of the Children Act or by arrangement with the Local Education Authority to a Residential Special School. In the case of some children who are sent to Industrial or Reformatory Schools information and warnings as to the need for observation can be passed on to the Authorities of these schools. In areas where the Local Education Authority provide for this action there is a close liaison with the Medical Officers of the juvenile branch of the Home Office and a regular exchange of information takes place to secure that, if need be, at a later date action shall be taken under Section 9 of the Mental Deficiency Act. Similarly in some areas at least steps are taken to watch the children during their probationary period after discharge from a Home Office school, during which they are liable to recall. There is, however, reason to fear that these detailed arrangements only apply in the case of some of the larger Local Education Authorities.

(2) NUMBERS ASCERTAINED AND NOTIFIED.

60. It will be remembered that the Local Education Authority are required, subject to the Regulations, to notify to the Local Authority under the Mental Deficiency Act all mentally defective children, whether idiots, imbeciles or feeble-minded, who are incapable of deriving benefit or further benefit from instruction in Special Schools; all mentally defective children, whether moral defectives or not, who cannot be taught in those schools without detriment to the interest of the others; all those mentally defective children in whose case (though they are capable of benefit from instruction in Special Schools) the Board of Education, after considering reports submitted by the Local Education Authority, certify that there are special circumstances which render it desirable that they should be dealt with under the Act by way of supervision or guardianship or by being sent to an institution; and all those who on or before attaining the age of 16 years are about to leave a Special School, and, in the opinion of the Local Education Authority, require to be placed under supervision or guardianship or sent to an institution.

The actual number of children *in all these groups* notified in each of the past four years has been approximately 2,400. Of these, some 200 were certified as idiots, 1,300 as imbeciles, 30 as moral imbeciles, and 250 as incapable of receiving benefit or further benefit in Special Schools or as "detrimentals." Some 40 children who were capable of receiving benefit from instruction in Special Schools were notified each year on account of "special circumstances," and the total number of children notified annually on leaving school at 16 as being in need of guardianship or institutional treatment was about 550.

This last figure* is of interest since it shows that only about one out of every four children who leave Special Schools each year is notified to the Local M.D. Authority.

There is no doubt that the numbers given in the last paragraph are much lower than they should be. This would be fairly obvious in any case in view of the fact that so many children leave school and go out in the world without any statutory supervision or control, only to break down later and come to the notice of the Local M.D. Authority when they get into serious trouble. But any doubt on the subject is removed by the findings of the Committee's own investigation to which we shall refer later.

There is no available information as to the total number of *children* under 16 years of age ascertained by Local M.D. Authorities, but the number of defectives *of all ages* reported to those Authorities in England and Wales according to the latest returns that are available, is 61,522, or approximately 1·57 per thousand of the total population. The ratio of defectives reported to these Authorities ranges from 0·03 to 4·66 per thousand—a fact which of itself shows how wide must be the variations in completeness of ascertainment and how little these Authorities can do in the numerous areas where the number of defectives reported is no greater or is even less than the average. Of those defectives who have been reported to the Local Authorities, 38,979 (or not quite one per thousand of the total population) have been ascertained as subject to be dealt with ; in 5,285 cases no decision has been reached ; and in the remaining cases, numbering 17,258, it has been found that the persons reported, though defective, are not subject to be dealt with.

(3) FORMS AND EXTENT OF PROVISION.

61. The three forms of statutory provision which may be made by Local M.D. Authorities for notified children are the same as those for adult defectives, namely, supervision, guardianship and institutional care, including licence from an institution, though, of course, the methods of dealing with defectives must be adapted to their ages and personal needs.

As all these forms of care are applicable to all ages, the available statistics do not differentiate between children and adults ; but of those defectives returned as being under statutory supervision, numbering some 18,000, we may safely assume that at least 6,000 are children and that the number under guardianship and licensed from institutions is from 500–600. Accurate statistics as to the number

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* It should be borne in mind that, until the Mental Deficiency Act, 1927 came into operation, children leaving Special Schools could be notified only for guardianship or institutional care. Now that it is open to Local Education Authorities to notify such children for supervision it is probable that the number of cases notified on leaving Special Schools will in future be largely increased.

of children in institutions dealt with under the Mental Deficiency Act are also for the same reasons difficult to obtain without a special inquiry. As nearly all the larger institutions receive both children and adults under the Mental Deficiency Acts and also children under the Poor Law, Education and Children Acts, we cannot give any accurate estimate of the numbers of children sent to institutions under the Mental Deficiency Acts, though we believe that number to be approximately 7,000.

We will describe later in this Chapter what is being done for children by way of institutional care and of training in Occupation Centres, but will defer till Part III of our Report our description of the various forms of institution that may be provided and also our account of the present provision both for children and for adults under supervision, or guardianship, or on licence from an institution.

II. THE PROVISION NOW BEING MADE FOR THE EDUCATION, TRAINING AND CARE OF MENTALLY DEFECTIVE AND NOTIFIED CHILDREN.

62. We turn now from the administrative arrangements with regard to mentally defective and notified children to the actual provision made for their education, training and care, and we propose to describe that provision under the following headings :—

(A) Educable mentally defective children :
- (1) Education in Day or Residential Special Schools.
- (2) Proportion of children for whom Special School accommodation is, or can be made, available.
- (3) Education and care of children not attending Special Schools.

(B) Notified children :
- (1) Training and care in Institutions.
- (2) Training and care in Occupation Centres.

A. Education and Care of Educable Mentally Defective Children.

(1) education in day or residential special schools.

(a) *History and Growth of Schools for Educable Mentally Defective children.*

63. No special educational provision for educable mentally defective children was made in England until the middle of the nineteenth century. The first Institution to provide for their care and training was the Royal Earlswood Institution founded by Dr. Andrew Reed in 1847 and opened at Highgate in April, 1848, for the reception of patients. This was followed about 1850 by the opening of Rock Hall House,* Bath. Earlswood was moved to its

* This House, formerly known as the Magdalen Hospital, was founded in the Twelth Century as a hospital for lepers, but subsequently became a home for idiots. The date of this change is not known, but it may be taken that its formal establishment as an Institution for defectives took place about 1850.

present site in 1855 and the Royal Eastern Counties Institution, also founded by Dr. Andrew Reed, was opened at Colchester in 1859. In October, 1864, there followed the opening of the Western Counties Institution at Starcross in Devonshire and a few months later that of the Royal Albert Institution at Lancaster. The last of the larger Institutions to be started about this period was the Midland Counties Institution at Knowle (formerly known as Dorridge Grove) which was opened on the 1st January, 1868. All these Institutions were technically known as Asylums for idiots, both children and adults, but all of them in fact made considerable and rapidly extending provision for the training and education of the higher grades of defective children who were admitted to them.

The Royal Commission on the Blind and Deaf and Dumb which reported in 1889, in recommending that mentally defective children should be separated from ordinary children and should receive special instruction, introduced a second stage. The Leicester and London School Boards, after considering the results of efforts abroad in setting up Special Day Schools, established similar schools in 1892. In 1898 a departmental committee on the education of the feeble-minded issued a report which resulted in the passing of the Elementary Education (Defective and Epileptic Children) Act, 1899. This Act empowered School Boards to provide for the training of defectives and epileptics in Day Schools and Institutions. At this date about forty centres had been established in Birmingham, Bradford, Brighton, Leicester, London and Nottingham and other towns for the education of feeble-minded children. A number of residential schools for feeble-minded children were also established about this time by voluntary bodies, amongst the first of these being that at Sandlebridge in Cheshire, which was opened in 1902.

Under the powers given to Education Authorities the facilities began steadily to increase, and by 1909, ten years after the passing of the Act, there were 159 schools recognised by the Board of Education of which all but five were provided by Education Authorities. In 1914 an amending Act was passed which made it obligatory on Local Education Authorities to provide for the suitable education of all mentally defective children in their areas between the ages of 7 and 16. Owing to the war the increased provision that would no doubt otherwise have followed on that Act has been but small, the total number of schools at the present time being as already stated 180, with accommodation for some 16,750 children.

(b) *The pioneer work of the Special School.*

The institution of these Special Schools, both Day and Residential, has proved a landmark in educational progress in this country. From the experience of the past thirty years there has developed an understanding of the ideal and aim in the education of mentally defective children, of the appropriate content of the school

curriculum, of the technique to be followed in instruction and of the measures necessary to be taken to ensure that full benefit may be obtained from the specialised training given, particularly in relation to the after-care of the child. Further, the institution of these schools with the opportunities and facilities available for experimental work, has been of great value not only to the children for whom they were immediately provided, but indirectly to the main body of normal children also. This has been true especially in regard to the purpose and place of manual occupations in the education of the child. In earlier days manual work held a limited place only, accidental rather than integral, in the school curriculum ; its claim as a fundamental factor in education and the recognition now given to it in the curriculum of the Public Elementary School are in no small degree due to the pioneer work among this small group of defective children.

(c) *The problems presented by the Special School.*

The task of the teacher in the Special School for the mentally defective has not been an easy one. Though all the children in this type of school belong to one recognised group and have in common certain characteristics upon which depend their separation from their fellows, they present nevertheless among themselves great variety in character and educational capacity. We are accustomed to think of them for purposes of organisation in the school in terms of children of high, medium, and low mental grade, but the educational requirements of a high grade mentally defective child are as widely separated from those of a child of low grade as they are from those of the normally bright child in an ordinary Elementary School. Moreover the teacher has not only to consider the educational capacity of the child ; there are character traits, personal and social, differing widely in kind and extent, and bearing no necessary relationship to the degree of educational retardation. Added to all this, the teacher is concerned except in comparatively large Special Schools, with children of both sexes and of great variety in age. Again the high grade mentally defective child of 7 or 8 years of age may well be superior both in its potentialities and even in its attainments to another child 14 or 15 years old attending the same school. In the light of these considerations, it may be useful to indicate the main principles and features in organisation and education which have become established as the result of the experience of the past thirty years. We shall then be in a better position to relate to this experience the problem of the defective child as it presents itself to-day.

(d) *Aims and practice of the Special School*

What then are the main aims upon which the Special School has concentrated to ensure that the lives of these children are developed to the utmost of their capacity ? They may be summed up as the establishment of the child's self-respect, self-confidence

and self-control. To attain these ends the aims of the Special School have necessarily included the development of a sense of responsibility within however limited a sphere and of application and concentration by the careful selection of opportunity and material ; training the child's innate intelligence to function rightly ; training in the practice of health habits ; encouragement of initiative and of the performance of the simple individual and social activities of every day life ; instruction in forms of manual work designed to contribute to the general education of the child and later to serve, so far as may be, as vocational training; and finally instruction in reading, writing and arithmetic, in so far as the child is capable of profiting from it.

For the establishment of these aims and the carrying out of this programme the Special School has proved in the case of many children an effective instrument. It has possessed the advantage of freedom to adapt means to the required end, and its system of small classes has permitted full use to be made of this freedom. Again, despite the fact that, as the Special School teacher recognises, the good work of the school is often counteracted by adverse home circumstances, it has been, generally speaking, more practicable in the Special School than in the ordinary elementary school to deal with the child as a whole—with the physical and social sides as well as the mental—and to establish an effective association with the parent and the home. We do not for one moment suggest that such association is not established and maintained in the case of large numbers of Public Elementary Schools or that the physical and social sides of the children attending those schools are neglected. Admirable work in these directions is done in many areas. But the Special School does possess certain facilities, social, educational and physical, which are not so readily or generally available in ordinary schools. It has been the practice in many Day Special Schools for the child to remain at school during the middle of the day, when a substantial dinner is provided. In this way the child has not only benefited physically, but advantage has also been taken of the educational opportunity afforded by the preparation, service and partaking of the meal. Bathing facilities also are often available. Then a varied curriculum has been worked out on lines suited to the peculiar requirements of children presenting great variation in age, capacity and temperament. Much valuable technique related to the teaching of simple reading and arithmetic, through activities on the part of the child, has been evolved. Considerable attention has been given to music, singing, dancing, physical exercises and games, which are of real value in the development of the child's mind as well as of his body, and the claims of drawing have not been neglected. As already indicated, handwork has become a potent instrument both in the general education of the child and also in fitting the child for its after-school career. The forms of handwork most suitable for all-round educational purposes are, fortunately,

also the best available for trade training. Those most usually employed include gardening, boot repairing, tailoring, carpentry and metal work for boys; and for girls, domestic work of all kinds—housewifery, laundry work, cookery, sewing, simple garment-making and embroidery. These occupations provide an all-round training such as is calculated to give the boy or girl confidence in entering upon a job. This will, in many cases, necessarily be of a simple order as, for example, in the case of the boy, that of employment on a mechanical process in a factory or workshop, or as an errand boy, or labourer, and in the case of the girl, the simplest forms of domestic work or mechanical work in a factory. In selected cases however the properly trained boy can take up, as a labourer if not as a craftsman, such trades as gardening, tailoring, boot repairing or even carpentry, with results satisfactory both to himself and his employer. If the necessary facilities for training obtain, other trades may be open to him, such as brick-laying, metal work or even painting. Similarly, the girl may, under supervision, do skilled laundry work, take her share in most forms of domestic work, or she may become fitted for work in a milliner's shop, or in a mill in a textile area, or she may obtain employment in, for example, a chocolate or cardboard-box factory.

In one area where classified lists have been made of the occupations followed by children who have been in attendance at Special Schools for mentally defective children, it appears that a large proportion (about 25 per cent.) of both boys and girls are engaged in skilled or semi-skilled engineering operations and a somewhat smaller number in unskilled work in engineering establishments, while other occupations which absorb appreciable numbers of these children include warehouse work, electro-plating, French polishing, window cleaning, leatherwork, painting, errands, distributing milk, printing, as well as other forms of employment.

(e) *School organisation.*

The organisation of a Special School to meet these needs has been found quite practicable in the case of a reasonably large school where the numbers justify the establishment of appropriate forms of instruction, especially in regard to manual work, but it is difficult and may be impossible in the case of a small school containing a score or two only of children. Where the numbers of defective children are large, as for example in London, one may see the best form of organisation namely the provision of mixed Day Special Schools for juniors up to the age of approximately 11 years and for older boys and girls respectively from 11 years of age upwards. In other large towns, such as Birmingham and Liverpool, the Day Special School is organised for children of all ages; but the need for a break at the age of 11 or 12 has been fully realised and a feature has been made of special forms of manual occupation both for older

boys and girls. In a small mixed school it is usually impossible to meet in an adequate manner the special educational requirements of older children, particularly of older boys.

While we have set out in the preceding paragraphs what is being done in the best Special Schools and have claimed, we think with justice, that these schools have in certain respects led the way in the development of educational methods and technique, we do not wish to imply either that all these schools are equally good or that they are by any means generally in advance of other schools at the present time in these respects. We readily admit that the methods and technique in large numbers of Public Elementary Schools are now better than those employed in many Special Schools. Each type of school in short has learned much and still has much to learn from what is best in the other.

(2) PROPORTION OF EDUCABLE MENTALLY DEFECTIVE CHILDREN FOR WHOM SPECIAL SCHOOL ACCOMMODATION IS, OR CAN BE MADE, AVAILABLE.

64. Before concluding our review of the present provision for the education of mentally defective children, let us consider for a moment to what extent this provision covers the ground, or how far it is capable of expansion on the lines that have been followed hitherto.

(a) *Residential Schools.*

For obvious reasons it is only in the larger towns that it has been found practicable to establish Day Special Schools. Special educational provision therefore of the type contemplated in the Act for mentally defective children living in rural areas has to be made, if made at all, by the establishment of residential schools. Of the total number of educable mentally defective children hitherto ascertained, namely, 33,000, some 9,000 live in county areas. We have seen that the Residential Special Schools provide accommodation for no more than 1,800 children, and since some of this limited accommodation is required for children living in the towns, who for some reason are unsuitable for Day Special Schools, it may be assumed that the number of places available in these schools for country children probably does not exceed 1,200, or one residential school place for every seven or eight children actually ascertained.

If finance were of no importance, it would of course be possible to multiply the provision of residential schools until they sufficed to meet the needs not only of the remaining 7,500 ascertained children living in rural areas, but also of the far larger number of educable mentally defective children in those areas whom our investigations have revealed. The establishment of residential schools for anything like these numbers would, however, be economically unjustifiable, even if it were otherwise desirable. This we are convinced is not the case, since the large majority of the children could be suitably taught

in day schools if these were available and do not require the special and continuous care which residential schools provide. Moreover, few of the parents of these for the most part high grade, quiet and well-behaved children, would ever be persuaded to send them away from home. While therefore some further residential school accommodation is required for educable mentally defective children living in the country (as well as for many of those living in the towns), the indefinite multiplication of residential schools for rural children would, in our view, be as unnecessary as it would be extravagant, and some other means of dealing with these children must be devised.

(b) *Day Special Schools.*

65. Let us now consider the position in the urban areas. For the 24,000 ascertained children living in these areas there are available from 15,000 to 16,000 places in Day Special Schools, or approximately two places for every three children actually ascertained. The position of these urban children is therefore very much better than that of the rural children, and it might at first sight be felt that all that was required for them was a relatively small increase in the number of Day Special Schools.

It is, however, by no means clear that such an increase is practicable. It is generally agreed that the establishment of a Special School for educable mentally defective children of all grades of defect, of both sexes and of all ages from 7–16, is unsatisfactory unless there is an enrolment of at least 40 children. It is also found as a general rule that an area containing a school population of some 8,000 children or a total population of about 55,000 is the smallest area in which it is in practice possible to establish a Day Special School with 40 mentally defective children on the registers. It is of course true that a certain number of smaller Day Special Schools have been established and some of these have attained a fair or, indeed, a considerable measure of success. But it is unfortunately the case that a number of them have had to be closed for various reasons—difficulty of organisation, immense difficulty of teaching children when all ages and several different grades and both sexes are indiscriminately mixed, undesirability of mixing them in this way, difficulty of providing for the special needs of older boys and girls respectively, unwillingness of parents of higher grade children to let their children associate with those of lower grade, etc. In most instances all those concerned with the administration and conduct of these small schools have found the problem of maintaining their efficiency almost insuperable.

The difficulties inherent in the establishment and organisation of the smaller Day Special Schools can perhaps best be shown by a brief general review of the facts in regard to them. Single class schools taking children of all ages between 7 and 16, when conducted as isolated units, are so unsatisfactory that the Board of Education have, we believe, in recent years refused to sanction any increase in

their numbers. There are seventeen towns in England and Wales with a population of less than 50,000 which have established Day Special Schools. Nine of these schools have accommodation for 20 children only, and the remainder, with the exception of one school with 65 places, can take from 25–45 children, but even in these the average attendance ranges generally from 15–25. In one or two instances the Day Special School for mentally defective children forms a part of or is attached to a school for physically defective children, an arrangements which minimises the difficulties inherent in the conduct of small schools. But apart from these cases, the experiment of segregating a small number of mentally defective children in isolated schools has not proved successful. One of the main reasons for this is that there has been perhaps a not unnatural tendency on the part of Local Education Authorities which have established the schools to admit to them first of all the lower grade children and those whose presence in the ordinary schools was detrimental to the interests of the other children. Some of these children should no doubt have been notified as ineducable or as detrimental, but the fact that they have not been notified (largely because it was known that no provision would as a rule have been made for them by the Local M.D. Authority), has made it far more difficult for the Local Education Authorities to secure the attendance of higher grade children. The result has been that as we have seen some of the schools have had to be closed, that the others remain half empty, and that the educational facilities intended equally or mainly for the higher grade feeble-minded child, have in fact been confined largely to children of lower grade including some who were incapable of benefiting from it or were otherwise unfitted for a day school.

The position is of course very different in the larger schools where proper classification has been possible, and where the Authorities have been able to limit the schools to children of a generally more uniform and higher grade. But even in the larger towns, in which the establishment of a larger school, i.e. one containing at least two or three classes, should be practicable, no small difficulty is often experienced in securing the attendance of the right type of child, and the teachers' best efforts are hampered by the presence of lower grade or troublesome children. This fact appears to have been recognised by many Local Education Authorities and to have constituted one of the principal obstacles to the provision of Special Schools in towns of sufficient size to justify their establishment. There are some 100 towns in England and Wales with a population of over 50,000, of which no less than 40 are without any Special School provision for mentally defective children. Most of these are towns with between 50,000 and 60,000 inhabitants, that is to say, towns which, so far as numbers go, on the present basis of ascertainment, should be able to maintain a Day School for some 40 or 50 mentally defective children. We understand that a number

of these Authorities have had under consideration from time to time the question of establishing Day Special Schools, and have come to the conclusion, not necessarily from motives of, or on account of the demand for, economy only, but on educational and administrative grounds, that schools even of this size would not prove a satisfactory solution of the problem.

Here then is the present position. The picture is presented to us of a number of Day Special Schools established in the larger county boroughs, boroughs and urban districts, making, with certain reservations in the case of older children, particularly older boys, admirable provision for certain types of mentally defective children, and staffed by a singularly devoted body of teachers many of whom have exceptional capacity and qualifications. A careful survey of this present position indicates that apart from considerations of expenditure the system embodying this particular type of Day Special School for educable mentally defective children cannot well be extended appreciably beyond its present limits, and that while such schools could still profitably be established in a few large towns which have none, and while the number of schools could well be increased in some few other towns which have hitherto made provision for only a portion of the children ascertained, the time has come when consideration must be given to alternative methods of meeting the needs of those defective children living in the country and in the smaller towns (i.e. in those with up to, say, 60,000 inhabitants) who are suitable for attendance at Day Special Schools, but for whom it is not practicable to provide such schools. We shall discuss this matter in a later Chapter and shall suggest alternative methods of dealing with the problem.

(3) PRESENT PROVISION FOR THE EDUCATION AND CARE OF EDUCABLE MENTALLY DEFECTIVE CHILDREN NOT ATTENDING SPECIAL SCHOOLS.

66. We have seen that at least half of the ascertained educable mentally defective children and a very large number of children of similar educational capacity who have not been " ascertained " are in attendance at Public Elementary Schools.* It must not be thought that nothing has been done to meet the needs of these children. Indeed, much thought has been given and valuable experimental work has been done in regard to their education by means of the establishment of special classes for them within the Public Elementary Schools, by grouping them within the ordinary classes, by individual methods of instruction and in other ways. Some of these children have been certified, but many have not, and in any case they have all alike been dealt with, so far

* There are also a number of lower grade children attending Public Elementary Schools and a still larger number attending no school or centre of any kind ; *see* Chapter 4, pages 95 and 96 of Investigator's Report.

as legal provision and administrative arrangements are concerned, as normal though dull or backward children and not as mentally defective. Inasmuch as these children have not been treated as mentally defective we do not propose here to discuss the methods which have been adopted in regard to their education, though we shall have occasion to refer later* in some detail to this question.

We must however say a few words about the provision made for their care. In one or two areas the Care Committees which have been set up by the Local Education Authorities comprise within their activities the care of mentally defective children whether attending the Public Elementary Schools or the Special Schools. In a larger number of areas *ad hoc* Care Committees have been established in connection with the Special Schools, or the work is done by School Nurses or Health Visitors, or, again, arrangements have been made for the carrying out of the duties of Care Committees in regard to the mentally defective children by local voluntary bodies, such in particular as the Local Mental Welfare Associations. In areas where *ad hoc* Committees have been established or the work has been undertaken by Local Mental Welfare Associations, arrangements have usually been made for visiting all the mentally defective children, particularly those who were not in attendance at any school, at least two or three times each year, and these arrangements have been of great assistance to parents and of no small value to the Local Education Authorities in keeping them informed of any difficulties which may arise in connection with the care of the children at home, and in helping them to decide on cases in which it becomes urgently necessary to send the children to residential schools, or to consider the question of notifying them to the Local M.D. Authority.

The importance of keeping under constant supervision mentally defective children who are not in attendance at Special Schools—or possibly at any school—cannot be over-emphasised. These children are deprived of all the training and stabilising influence of the schools and, in the absence of supervisory arrangements by the Local Education Authority, are left in the sole charge of their parents, who without any assistance or advice from persons familiar with the problems of mental deficiency are ill-equipped to look after them. Local Education Authorities are coming to recognise the need of strict supervision of the mentally defective children who are approaching adolescence, and are making somewhat more (though still, we think, insufficient) use of the provision in the Regulations which enables them to notify these children in "special circumstances" to the Local M.D. Authority.† They are also, we believe,

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* *See* Chapters VI, VII, and VIII.

† We have already commented on the fact that the relatively small use that has been made of this provision is in no small measure due to the interpretation placed upon it by the Board of Education.

more generally adopting the suggestion made by the Board of Education* that they should supply the Mental Deficiency Authority with lists of those children who are approaching the age of 16 and are likely to require some form of friendly supervision even though they are not formally notifiable.†

B. Training and Care of Notified Children.

67. As has already been explained notified children are those broadly between the ages of 7 and 16 who have been notified by a Local Education Authority to a Local M.D. Authority and have, by reason of that notification, become subject to be dealt with under the Mental Deficiency Acts. Our description of the provision made for the training and care of these children will also apply however to those lower grade children who have been ascertained by the Local M.D. Authority before reaching the age of 7.

The mental grade of the notified children has varied very much in different parts of the country. This has been partly due to the fact that the Act contemplates the notification not only of children who are unable, but in certain circumstances also of those who are able, to benefit by instruction in a Special School, partly to real differences of opinion as to where the dividing line should be drawn between these two groups, partly to the varying methods of teaching in different Special Schools, and partly because it has been easier in some areas to get residential accommodation under the Education Act, while in other areas it has been easier to get it under the Mental Deficiency Acts. If a child, either because of bad home conditions, moral danger or for any other reason, urgently needed institution care, in practice it has been regarded locally as relatively unimportant whether he obtained it in a Residential Special School under the Board of Education or as a notified child in one of the certified institutions under the Board of Control which has a proper school department and arrangements for teaching the higher grade children. If a bed were available in a Special School, the child remained under the Education Acts; if no bed were available in a Special School but one could be obtained in one of these certified institutions, the child was received under the Mental Deficiency Act. The first consideration was the good of the child.

Children can, like adult defectives, be dealt with by supervision or guardianship or by institution-care and licence. Under the Mental Deficiency Act, 1927, supervision and guardianship must also, like institution-care, include training. We shall confine ourselves here to a description of the care and training of lower grade

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* Circular 1341 dated 12th September, 1924.

† *See* Chapter III, para. 41, with regard to the notification of children leaving Special Schools at 16, and also Chapter VII, paras. 128 and 143, where it is recommended that Local Education Authorities should in future be empowered to notify mentally defective children leaving ordinary schools.

children sent to institutions or occupation centres and shall defer to Part III of our Report our description of the arrangements made by Local M.D. Authorities for the community care of defectives, whether children or adults, since supervision, guardianship and licence are used chiefly for adult defectives and the legal and administrative arrangements with regard to these forms of care are much the same for defectives of all ages.

Since the forms of training of low grade children are less well known than the methods of teaching the higher grades in Special Schools, it will, we think, be desirable to describe them in somewhat greater detail. But the fact that our description of the training methods adopted in the best institutions occupies more space than we have devoted to our account of Special Schools must not be taken as implying that we consider the problem of dealing with the lower grade child as more difficult or more important. On the contrary, the problem is a far easier one in many respects and it is only because the methods are less generally known that we propose to describe the system of training somewhat fully, in the belief that our account of what is being done in some of these institutions may prove helpful by suggesting ways in which the conditions in other institutions may be improved.

(1) TRAINING AND CARE IN INSTITUTIONS.

68. In order that a child may receive the benefit of institution care two things are necessary. The child must be certified under the Mental Deficiency Acts and sent to the institution under an Order made by a Magistrate in accordance with all the requirements of the Acts, and the institution must be a certified institution under these Acts. Some institutions are certified under the Mental Deficiency Acts only, others are also certified as Residential Special Schools under the Education Act and a few are, in addition, certified as industrial schools under the Children Act, 1908.

Whether however a child goes to one of the institutions working only under the Mental Deficiency Act but with a proper school department, or to an institution working also under either or both of the other Acts, he goes to school if it is in any way possible to train him—and the term "training" is here used in the widest possible sense, including even learning to walk, training in clean habits and in dressing. There is one great and important advantage which the child in an institution or a Residential Special School has over the similar type of child attending a Day School; he is being trained seven days a week and all day long, and what he learns out of school hours is often more important than what he learns in school.

(a) *Lowest grade children.*

69. A certain though small proportion of the children are of too low a grade to be able to benefit by any kind of school training.

Most of these children are physically as well as mentally defective. In institutions where the best provision is made for such children, it is an axiom that unless actually ill they shall not stop in bed or cot, but shall be got up and dressed and spend the greater part of their time in the open air.

(b) *Medium and higher grade children.*

70. But for all, except those of the lowest grade, the good institution means to the children under its care the advantages of regular attendance at a school with its training in games, habits and manners. The description that follows shows the methods of instruction in a certified Institution which has an organised school department run on the right lines. It must be admitted that there are institutions where the school department is not properly organised, and some where it does not exist. In these, unfortunately, it is often the case that little or nothing is done for the lower grade children, that there is no proper classification, no real teaching, no occupation, and little or no provision for recreation. The children are allowed to sit all day or to run wild without any endeavour to instruct or interest them. Such an institution reaps, both in the present and the future, the reward of its own slackness, because the child without instruction or occupation or amusement is in the present more difficult to manage and more destructive, and in the future when grown up will be not only more unmanageable and more destructive, but also of no use in the work of the place.

The school is run much as the Day Special School, with registers and progress books, with head teachers and other teachers. The teachers in these schools are often, though not always, certificated or uncertificated teachers ; but much of the teaching in the classes for lower grade children is carried out by the Nurses and Attendants. Some of these have undergone special courses of instruction in their own institution, and some have attended the courses of training given by the Central Association for Mental Welfare.

(c) *Importance of practical and useful work.*

71. A very large proportion of the school work is manual work, and if there is one principle which is never lost sight of, at all events in the best institutions, it is that all the work must be for a definite object. No one realises more quickly than a defective child the folly of being asked to do work which will be of no use when it is finished. Most teachers have realised that it is essential that all the manual work shall be either for use in the school or institution, or for sale. Practice work is waste work and has a bad moral effect on the children.

In describing the training it is easier to begin with the lower classes and work upwards.

(d) *Lowest grade classes.*

In these classes the early training consists almost entirely of efforts to educate the bigger muscles of the body. Training is given in walking, in very simple physical exercises, in marching to the children's own toy band, where the aim is rhythm rather than tune, or to a piano, and in singing songs when most of the children's speech is so defective that the ordinary person cannot understand what is said.

Any number of exercises are devised out of the simplest materials, such as a couple of nine-inch wide planks, a small step ladder, a large step ladder, one with a platform at the top, two or three old corned beef boxes, a skipping rope, a cushion, a box of big ninepins, two or three wheelbarrows, some soft balls made by the children. The child is trained to walk or crawl up and down a plank, to mount a step or later a ladder, to wheel a barrow along a straight line, to jump, to balance objects on the head, and to do the simplest manipulative exercises. All these can be made to contribute in various ways and by means of pleasant games to the child acquiring control over his body and over the movements of his arms and legs. There are also exercises with brightly coloured wooden bricks of different sizes and shapes and with concrete objects, such as ninepins, which enable simple lessons in number to be given.

(e) *Elementary manual work.*

In addition to all these forms of training and many more which any intelligent teacher can invent, and which may be likened to school work proper, these children are given lessons in manual work, even though it be of the simplest type. To begin with, this may mean only polishing the spoons and tins or the stair rods or cleaning knives, but it is wonderful how soon children whose speech cannot be understood and whose intelligence is no more than that of a child of four, do advance from these simple beginnings to real productive handwork, such as the making of simple leather cushions. Later some of the best of these children can attempt the simplest types of leather and raffia bags or the painting and decorating of pots and bowls.

(f) *Higher grade classes.*

A large number of the children sent to institutions under the Mental Deficiency Act have, however, a capacity far above the level of this work. The school classes are graded according to the children's capacity, and as we reach the medium and higher grades the work becomes less and less of the kind which requires the use only of the bigger muscles until it merges gradually into the ordinary work of the Special School including reading, writing and arithmetic. Below what mental age it is waste of time teaching children to read and write is a debatable question. Many children are taught writing far more for the pleasure it gives their parents to receive a copied

letter from them than for any use they will ever make of it themselves, and there is little doubt that even yet far too much time is wasted at this. Hardly a single child who has a mental age below seven when he leaves school learns enough reading to make any use of it afterwards. The manual work with the higher grade children also approximates to that of the Special School and includes the usual raffia and leather work, simple weaving, gardening, stencilling, needlework, carpentry and woodcarving.

In an institution school it is easy to find " worth while " work. For instance, comparatively low grade girls can each have their own locker in school for their underclothes, and repair them and make them tidy when they come back from the laundry, and they make the simpler garments they will wear, such as pinafores and vests. One or two school sessions are given up each week to definite instruction in housework and laundry work as actual school subjects and as preparatory to future work in the institution. Boys also learn to do simple repairs with a needle. As the boy approaches fourteen years of age it is usually found that he has learned as much as he can at school, including school manual work, and he is then drafted first for half a day and later for the whole day to the real trade shops of the institution or to the gardens. There he works under a skilled tradesman actually making things for sale or for the institution use. When a boy is thus transferred does not depend on his age, on whether he is sixteen or not, but only on his actual mental capacity and his progress.

The usual drill and physical exercises with and without clubs, wands and rings, and preferably to music, eurythmics, dancing and singing are all thoroughly enjoyed. These things all appeal to the defective child, and partly for this reason, partly no doubt because institutions devote more time to this than the normal school can, he reaches a creditable standard in them all.

(g) *Out-of-school training and socialisation.*

72. Besides all this training in school, the child in an institution has the benefit of skilled training and supervision throughout the 24 hours. He learns clean habits, how to dress himself, how to do his boots up, how to manage a spoon and afterwards a knife and fork, and at a much later stage how to wash himself ; he learns to help about the place and to make himself useful. Perhaps above all else he becomes socialised and learns that he is as good as the other boys in his class. Outside an institution he is looked down on and told that he is not good enough to play with the other children. In the institution he can join in all the games, he counts, his help is wanted, he can play in the football team, he may even aspire to the first eleven. Scout Troops and Guide Companies and Brownie Packs are found in many institutions, and are a great help to the children. It is to the highest credit of the Scout and Guide administration that these troops and companies are allowed to attend Rallies and join

in all the activities of the movement on an equality with normal children. The children go to summer camps under canvas and thoroughly enjoy them. Perhaps one of the greatest helps in bringing out the child is through entertainments and school plays. These children love dressing up.

This is necessarily only a short description of the many activities of the child in an Institution, but it will be seen that his life can be and is a very full one, and that though he may miss many things because of his defect, he will rarely be conscious of his loss and he will, in the very large majority of cases, live a far happier and more useful life than he could ever have done in the outside world.

(2) TRAINING AND CARE IN OCCUPATION CENTRES.

73. The first Centres for low grade children excluded from School were started by Miss Arnould at Lillie Road, London, and by Miss Woodhead of Brighton some twenty years ago. Miss E. Rathbone's Lilian Greig Centre was the first opened, after the passing of the Mental Deficiency Act, 1913, on the lines suggested by the Central Association for Mental Welfare in 1914. Centres are developing gradually ; there are now 111 of them, 106 provided by Local Mental Welfare Associations, but largely financed by Local Authorities, and 5 directly provided by those Authorities. The number of children on the registers of these centres is about 1,200.

The centres are mainly for lower grade notified children, but there are also Industrial Centres and some Handicraft Classes for older boys and girls of both low and high grade.

(a) *Junior Centres.*

74. It must be understood that the aims of the Occupation Centre differ in their fundamental underlying principles from those of a Special School. The Special School is designed to fit as many of the children as possible by careful training, special educational methods and in the last few years of attendance by a measure of vocational training, for some place, however humble, in the outside world, in competition with their fellows, where they may be wholly or partially self-supporting. The Occupation Centre aims only at fitting the child for the strictly limited environment of its own home, where it may lead a life of happiness for itself, sometimes of usefulness to others, but in any case a life in which it ceases to be an intolerable burden to others and has its own place in the family circle.

Once this underlying principle of centres is grasped, the whole of the training given will be shown to minister to this purpose. There should therefore be no confusion as to the respective spheres of work of the Special School and the Occupation Centre, for they serve separate and distinct ends. Neither is complete in itself. If there is a Special School in a town where there is no Occupation

Centre, it inevitably happens that the former is not confined only to " educable " children, but that its work is hampered and made less effective by the presence of too many " ineducable " ones. If an Occupation Centre exists without a Special School it will be called upon to take a certain number of children who, being only feeble-minded, need more than it can undertake to provide. Each, to reach its highest point of efficiency, needs the other to supplement it ; only in those areas where there are both can it be said that adequate provision for the care of mentally defective children exists.

The actual methods of training children in the centre do not differ from those used in schools or institutions for children of a similar grade which we have already described. Good habits are essential for life at home ; simple personal hygiene, therefore, tidiness, obedience, self-control, are all part of the training underlying every activity of the day. The lower grade child at home is generally a-social for he has never formed part of a group ; he must therefore be taught the obligation as well as the advantages of social intercourse, and his personal relation to others must be made to conform to a simple code of kindness and helpfulness.

Simple hand work, useful domestic work, shoe-cleaning, dusting, laying tables, scrubbing, are all part of the centre training and all render the defective useful at home ; singing games, bands, rhythmics develop co-ordination of movement as well as quick response and social adaptation, and so on right through the whole activities of the day. All are based on these principles and are guided by the knowledge of the limitations which the child's mentality imposes on them.

Centres, which are always in towns, vary greatly in size, according to the facilities for transport. It has so far been found that about 30 to 40 is the largest number which can be collected by guides and taken by trams, buses, etc., in urban areas. They are open for either five whole days, or in some cases for five or even fewer half-days in the week. The premises consist of one or two rooms and are often lent by the Local Education Authority or some social organisation. The Supervisor is not generally a trained teacher, but is a woman with knowledge of dealing with children and ability to teach simple handwork, music and physical exercises. As a rule, she is given training by the Central Association for Mental Welfare in their special training centre or in an institution, or at one of the many Short Courses organised by the Association.

In addition to the direct benefit to the children, parents, who often visit the centre regularly, learn methods of training and discipline which can thus be continued at home ; they are also in constant touch with the social workers of the Association, to whom they can apply in difficulties. The knowledge gained in the centre regarding the young lower grade defective is of inestimable advantage and in securing maintaining adequate social control of the lower grade adult.

The great difficulties in conducting centres for lower grade defectives are the classification and staffing ; but despite these difficulties the devoted work of the Supervisors has resulted in Occupation Centres becoming definitely established as part of the educational and training provision for defectives.

(b) *Industrial and Handicraft Centres.*

75. These are only just beginning to make headway, as they have been seriously handicapped by lack of funds. In Leeds there is a large Industry and Occupation Centre which provides training and employment for feeble-minded men and boys, and there is a similar centre at Bristol, both of which are most successful. There are in addition Handicraft classes for boys and girls, often attached to the Occupation Centres. These cater both for low and high grades.

Occupation, Industrial and Handicraft centres are financed by grants from the Local M.D. Authority (which rank for the 50 per cent. Government Grant) and by small direct grants from the Board of Control. Education Authorities frequently lend premises or rent them at a nominal sum, but have no power to make direct grants.

III. CONCLUDING REMARKS.

76. In the last two chapters we have briefly reviewed the provision made by the legislature with regard to the mentally defective, the working of the legal and administrative arrangements and the actual provision now being made for mentally defective children who have been ascertained and certified by the Local Education Authorities and for those who have been notified to the Local M.D. Authority. Having regard to the object with which the Committee was appointed, we have felt bound to emphasise in particular those parts of the law which, owing to their obscurity, have given rise to different interpretations and to administrative difficulties, and to point out those directions in whicrh we believe that the intentions of the Acts have not been achieved, or in which we consider some amendment of the law is required in the interests of defectives and of the community. We have seen that the ascertainment of mentally defective children is far from complete, and that, though the work which the Special Schools are doing is in many ways admirable, their numbers are insufficient even for the children hitherto ascertained. We have further seen that this form of provision is not capable of any wide extension within the existing legal system, and that other methods of meeting the needs of the educable mentally defective child must be considered. On the other hand we have found that, while the system of training lower grade children in occupation centres and the provision made for their training and care in institutions are suitable so far as they go, the number of institutions and centres is totally inadequate and must be increased, especially when regard is had to the far larger

number of children who, in our view, should be notified in future. In a later part of this Report we shall make certain recommendations for the amendment of the law with a view to filling the gaps which appear to exist and to clarifying what now seems ambiguous, and certain suggestions for the devising of further methods for the education, training and care of defectives in the light of the findings of our investigation.

CHAPTER V.

DESCRIPTION OF THE COMMITTEE'S SPECIAL INVESTIGATION AND DISCUSSION OF THE FINDINGS.

77. As stated in the first Chapter of this Report, we decided at an early stage of our deliberations that, if accurate information was to be obtained as to the numbers of mentally defective children and adults in the country generally and as to the provision that was being or should be made for them, it was essential to conduct a series of intensive investigations in certain selected areas in different parts of England and Wales. We cannot within the confines of our Report attempt to give any full description of these investigations or any detailed discussion of the findings. An account of the areas visited, the methods, procedure and standards adopted in the investigations, together with a detailed description of the findings, will be found in Dr. Lewis' own Report, while the statistical data obtained are fully set out in the series of tables contained in Appendix A to that Report. All that we propose to do is to give a brief summary of the nature of the investigations, to draw attention to the most important of the findings, and to discuss certain questions arising out of those findings and certain conclusions which may be drawn from them. We shall include a summary statement of the numbers of defectives of different grades and ages and of the magnitude of the administrative responsibilities of Local Education and M.D. Authorities charged with the care of mentally defective children.

I. General description of the Investigation.

78. We were fortunate in obtaining the services of Dr. E. O. Lewis, who was specially seconded by the Board of Control, as our Investigator, and we arranged for him to hold investigations in six areas each containing a population of approximately 100,000 persons. The areas we selected were an extra-metropolitan urban area, a north country cotton town, a coal mining district in the midlands, an agricultural district in the eastern counties, a rural area in the south-west containing a large town, and a thinly populated rural area comprising two counties in Wales. These areas were chosen because of their geographical position and general industrial features and may be regarded as fairly typical of England and Wales as a whole except in regard to the relative populations of urban and rural areas. The selected areas contain approximately equal urban and rural populations, some 300,000 of each, whereas in England and Wales as a whole the urban population is about four times as large as the rural. In discussing the findings of the investigation therefore it is necessary to distinguish between the numbers in urban and

rural areas, and no general deduction can be made from any figure which merely gives the total incidence of mental defect in all the six areas combined.

It was arranged that our Investigator and his staff, consisting of a field worker of special experience and a secretary, should spend not less than three months in each area and that he should endeavour in this time to ascertain and examine individually all the mentally defective children and adults whose homes were within the areas investigated. Dr. Lewis drew up a programme of procedure for the investigation and submitted a statement of the standards he proposed to adopt. This programme was duly submitted to and approved by the Committee.

Broadly speaking, the programme postulated the co-operation of the Local Education and Mental Deficiency Authorities, Boards of Guardians, Prison Authorities and other public bodies in each area in supplying all the possible information at their disposal as to all mental defectives known to them; the enlistment of the help of all local Mental Welfare Associations and of any other voluntary bodies and persons interested in social work; the visiting of all Public Elementary and Special Schools, and, so far as practicable, all private and preparatory schools in the area and also of any Residential Schools and Institutions outside the area at which there were known to be children or adults whose homes were within any of the investigated areas; and lastly, the visiting of the homes of all defectives reported or discovered during the investigation.

79. The main source of information in regard to children was, of course, the Public Elementary School. It was in respect of the section of the population represented by the children of school age, particularly those between the ages of 7 and 14, that the investigation was most complete and the selection most careful. There can be little doubt that all children of these ages attending the Public Elementary and Special Schools who were mentally defective were in fact seen and individually examined by the Medical Investigator. The only mentally defective children of school age who may have escaped detection would be the relatively small number attending private day and boarding schools and some of the youngest children attending elementary schools. The carefulness and thoroughness of the investigation in respect of children may be gauged from the fact that no child was entered on the returns as mentally defective until he had passed through three processes—selection by the Head Teacher, examination by Group Tests, and individual examination by the Medical Investigator. This triple process was calculated on the one hand to ensure that all possible defective children came to the Investigator's notice and on the other hand to be effective in eliminating doubtful cases. While therefore the ascertainment was necessarily incomplete as we shall show below in respect of certain sections of the population, it may fairly be claimed that in respect

of children between the ages of 7 and 14 it was almost certainly as complete, accurate and thorough an ascertainment as could be secured by any investigation of this nature.

80. For the ascertainment of adults reliance had to be placed in the first instance on information supplied by the Public Authorities and their Officers, by Voluntary Mental Welfare Associations and other Societies and by Institutions of all types, especially the Poor Law Institutions. If these had been the only sources of information the figures for adult ascertainment would have been rather a measure of the numbers known to public authorities than an indication of the total numbers in each area. In the case of adults, however, as well as in that of children the Public Elementary Schools proved one of the most valuable sources of information and considerable numbers of adult defectives not previously known to the Authorities were in fact discovered through visits to the homes of mentally defective children, and through inquiries about the family histories of these children and about former pupils who were known to have been backward at school. The personal examination of adult defectives was a more difficult matter, but every effort was made to secure that all adults reported as being likely to be found defective should be visited and, so far as practicable, thoroughly examined. In respect of criminal defectives the ascertainment was admittedly incomplete. It was felt that for this class an *ad hoc* investigation, clearly impossible in the time available, would be required.

81. The standards adopted for the purpose of determining whether any individual child or adult should be classified as feeble-minded, imbecile or idiot are clearly set out in Dr. Lewis' Report. So far as we are aware, the standards adopted in previous investigations of this character have never been described so fully or in such detail. The description given in Chapter 2 of our Investigator's Report of the standards and criteria applied by him should prove most useful both to Certifying Officers and to future investigators in this field of work. We do not propose to discuss these standards further here, but will merely say that we believe they were in some respects more strict than those generally adopted and that the findings of this investigation may therefore be regarded as conservative or minimum findings.

82. In the following brief discussion of the principal findings of our investigation, it will probably be convenient if we deal first with certain general features and subsequently with some of the more important data relating to mentally defective children.* The first portion of our discussion will accordingly be concerned with the gross ascertainment and the gross incidence of mental deficiency in the more scientific sense of the term and with the findings of our

* Our discussion of the specific findings in relation to adult defectives and of the problems—legal, administrative and social—raised by those findings is contained in Part III of our Report.

investigations in relation to certain social problems of general interest and importance, while in the latter part of this chapter we will discuss the figures relating to children in the light of their bearing upon the administrative problems of Local Education and Mental Deficiency Authorities.

II. General Results.

Total Ascertainment and Estimated Number of Mental Defectives in England and Wales.

83. It will be seen from Table 3 in Appendix A to Dr. Lewis' Report that in the investigated areas, which contained an estimated population of approximately 623,000, the total number of defectives of all grades and ages, who were actually ascertained on the basis of the standards followed, was 5,334, giving a mean rate of incidence of 8·56 defectives per thousand population. This incidence rate cannot, however, be applied as it stands to England and Wales as a whole, and in order to arrive at an estimate of the total number of mental defectives in the country two fundamental considerations must be borne in mind ; first, the marked difference in the rates of incidence in the investigated urban and rural areas,* and secondly, the fact to which we have already referred, that the urban population in the whole country is approximately four times as large as the rural population. According to Table 9 the incidence of mental defect in children and adults in the investigated urban areas was 6·71 per thousand, while the incidence in the rural areas was 10·49 per thousand. If these incidences are applied to the whole of England and Wales it is estimated that there would be approximately 202,600 mentally defective children and adults living in urban areas, and 86,000 living in rural areas. On this basis we should arrive at a total estimate of 288,600 defectives of all grades and ages in England and Wales as a whole.

This gross figure is, however, a composite one, since it comprises not only all persons who are mentally defective within the meaning of the Mental Deficiency Acts, but also all children who are mentally defective within the meaning of the Education Act. This latter group, as we have seen, includes a number, estimated at approximately one-third, whose defect is educational rather than social, and who should probably not be included among mentally defective persons in the sense which we give to that term in Chapter II and which we believe to be broadly the meaning underlying the definitions given in the Mental Deficiency Acts, namely, incapacity for social adaptation. Now the total number of feeble-minded

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* *See* para. 88 on page 79 for a discussion of the wide disparity between the findings in urban and those in rural areas.

children* under 16 is estimated approximately at 111,000† (Table 10 (A)). If one-third, namely, 37,000 of these were deducted from the total of 288,600 given above, it would be found that the total number of persons of all ages who are definitely mentally defective within the meaning of the Mental Deficiency Acts would be about 250,000.

There is abundant internal evidence, however, in Dr. Lewis' Report to show that his total ascertainment was not equally complete in respect of all groups of the population. While it may, as already stated, be assumed that practically all defective children between the ages of seven and fourteen in the investigated areas were ascertained by him, the ascertainment in respect of the adults, particularly in the urban areas, and still more that in respect of the children under seven years of age, was necessarily incomplete. We believe that when due allowance has been made for this a conservative estimate of the mean incidence in England and Wales as a whole would be about 8 per thousand.‡ On this basis the total number of persons of all ages in England and Wales who are defective within the meaning of the Mental Deficiency Acts would be approximately 300,000.

If, however, the children to whom we have referred above as being educationally rather than socially defective were added to these, the total number of persons of all grades and ages who are mentally defective within the meaning of either Act would not fall far short of 340,000.

The above estimates indicate the total burden which mental deficiency imposes upon the community. For practical and administrative purposes, however, it is necessary to divide the defectives into various groups and we shall accordingly proceed in Section VI of this Chapter to give more detailed estimates of the numbers of mentally defective children with whom Local Education and M.D. Authorities are concerned. We will deal with the specific findings in relation to adult defectives and with the total burden on Local M.D. Authorities in Part III of this Report.

III. Comparison with the findings of the Royal Commission on the Care and Control of the Feeble-minded, 1904-8.

(1) The Increase in Total Ascertainment.

84. One of the most striking features of this investigation is that the incidence of mental defect in the investigated areas was very

* We use the term "feeble-minded children" for the purposes of this Chapter in the sense in which it is used throughout our Investigator's Report, namely, as equivalent to "mentally defective children" within the meaning of Section 55 of the Education Act, 1921.

† Of these approximately 105,000 were between 7 and 16 years of age and the remaining 6,000 were under 7.

‡ A detailed description of the basis on which this estimate of 8 per thousand is made is given in Chapter 3 of Dr. Lewis' Report, page 82.

much higher than that of any previous inquiry of this nature which has been held in England or Wales, and that in the case of children it was considerably higher than the ascertainment of any Local Education Authority. The mean incidence figure which we have quoted above of 8·56 per thousand population in the areas investigated by Dr. Lewis is almost twice as great as that given in the Report of the Royal Commission on the Feeble-minded in respect of the areas which they investigated, namely, 4·6 per thousand.* So far as feeble-minded children are concerned, the mean incidence in our investigation is 3·36 per thousand population, as compared with an incidence of 1·47 per thousand given in the findings of the Royal Commission.

These marked differences between our findings and those of the Investigators under the Royal Commission require some comment. We believe that the standards laid down in both investigations were broadly the same, though those applied by the Royal Commission were described in less detail than will be found in the description in Dr. Lewis' Report of the standards applied by him. The standards in the two investigations were based, so far as feeble-minded children were concerned, both on the definition of mentally defective children contained in the Elementary Education (Defective and Epileptic Children) Act of 1899 (now Section 55 (1) of the Education Act of 1921), and also on the definition of " defective " children laid down in the Memorandum of Instructions to the Medical Investigators under the Royal Commission and subsequently enacted in Section 1 of the Mental Deficiency Act, 1913. The definitions were thus the same in both investigations, though no doubt they were somewhat differently interpreted. It is probable that while a number of children who were educationally but not socially defective were included amongst the " defective " (i.e., feeble-minded) children in the earlier inquiry, a relatively larger number of these children were classified by Dr. Lewis as feeble-minded. In the case of imbecile and idiot children and of all grades of adult defectives, there is no reason for thinking that the standards adopted or their interpretation differ in any material respect from those of the earlier inquiry.

It must, however, be remembered that that inquiry was carried out by no less than ten different Medical Investigators, and though they were all working upon the same body of instructions the personal factor must necessarily have affected the standards taken by each of them and thus have influenced the individual findings. In our investigation on the other hand the standards adopted in all the six areas were uniform and the findings in one area are strictly comparable with those in another so far as the personal equation is concerned.

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* It should further be noted that the figures of the Royal Commission included among defectives, in addition to definite cases of mental deficiency, sane epileptics and also uncertified insane and mentally infirm persons in workhouses.

(2) Possible Explanations of the Increased Ascertainment.

(*a*) time devoted to the work.

85. One obvious, though certainly only partial, explanation of the difference in the findings is that our investigation was more thorough and our ascertainment more complete. The Investigators under the Royal Commission devoted not more than two or possibly three months in all to each area, and the areas they investigated contained populations ranging from 150,000 to 700,000. In our investigation none of the areas contained a population of more than 110,000; from three-and-a-half to four months were devoted to each area; the total population covered was under 625,000 and the total time actually spent on the investigation was 24 months, exclusive of holidays. Moreover our Investigator had the assistance of one or sometimes two full-time specially trained social investigators and of a full-time personal Secretary who worked continuously with him during the two years, whereas each of the earlier Investigators had at his disposal only the services of a single clerk.

(*b*) greater completeness of ascertainment among school children.

As we have already mentioned, a special point was made of ascertaining all the mentally defective children who were attending any school and there is no doubt whatever that the ascertainment in this group of the population was far more complete in our investigation than in that of 1906. Not only had Local Education Authorities themselves a far better knowledge of the defective and retarded children in their areas, but the methods employed by Dr. Lewis for ensuring that all potential defectives were brought to his notice were more thorough than those adopted in the earlier inquiry.

(*c*) ascertainment facilitated by growth of social services.

Moreover, the development in the organisation of social services during the past 20 years has undoubtedly greatly facilitated the work of ascertainment. In 1906 there was no Local Authority specially concerned with mental deficiency. The Lunacy Authorities made little differentiation between mental defectives and persons suffering from mental disorder; the Local Education Authority, though they had the power, had no duty to ascertain defective children, and although some provision had been made for these children in the larger voluntary residential institutions, there were but few Day or Residential Special Schools except in one or two areas; the Education (Administrative Provisions) Act, 1907 which inaugurated compulsory medical inspection of all children attending Public Elementary Schools—one of the most fruitful of all sources of

ascertainment of mentally defective children—was not in operation ; Boards of Guardians who no doubt had many defectives under their charge made little special provision for them and were in very many cases unaware of their existence as a separate group of paupers needing special care ; Public Health work was less developed ; there were no central or local Mental Welfare Associations ; the public generally were less enlightened on the subject ; and the criteria and methods for assessing mental deficiency were less well defined. It is only to be expected therefore that the volume of information available for an investigator at the present time should be far greater and more accurate than it was twenty years ago and that his ascertainment should be more complete. We can well believe that many high grade defectives would escape detection in those days when the problem of the feeble-minded was only beginning to be recognised, and it would not therefore be in any way surprising to find that the 1926 ascertainment of high grade cases should be considerably greater than that of 1906. Moreover no psychological standards for the assessment of mental deficiency had been formulated or at any rate adopted in this country, such intelligence tests as were in existence had not been standardised, and the methods of diagnosis were less well defined or understood in the country generally.

IV. The Question whether there has been a real increase in Mental Deficiency.

86. The above considerations lead us to what is probably the most interesting and important problem raised by Dr. Lewis' findings, namely whether there is any evidence that the incidence of mental deficiency is actually increasing. The chief evidence relative to this point lies in the higher ascertainment of imbeciles and idiots and in the increased disparity of incidence in urban and rural areas.

(1) Numbers of Lower Grade Defectives and Relative Incidence of the Three Grades.

87. According to the findings of our investigation the incidence of lower grade defect, that is of imbecility and idiocy, in the areas investigated was 1·87 per thousand population, a figure which is almost exactly double that found by the investigators under the Royal Commission, namely, ·98 per thousand. It is highly improbable that the earlier investigators would have failed to discover any large proportion of the lower grade defectives, since these must have been recognised by the various Authorities, Clergy, Doctors, Social Workers, Police Officers and others who formed the main sources of information, and the large majority of them must therefore have been brought to the Investigators' notice. No doubt

our ascertainment was more complete than the earlier one, even in respect of lower grade defectives, but this factor would certainly not account for the doubling of the numbers found.

It is moreover a striking coincidence that notwithstanding the disparity between the numbers of lower grade defectives found, the relative incidence of the three grades should have been almost identical in the two investigations. Dr. Tredgold* has calculated on the basis of the figures of the 1906 investigation that in every hundred aments in England and Wales there were found to be six idiots, eighteen imbeciles and seventy-six feeble-minded persons. According to Dr. Lewis' investigation the corresponding numbers were five idiots, twenty imbeciles, and seventy-five feeble-minded persons. One would naturally have expected from what has been said above that the lower grade defectives would have borne a considerably higher ratio to the feeble-minded in the earlier investigation, and the strikingly close similarity between the findings of the two investigations in this respect is by no means easy to explain.

(2) Differences in Incidence between Urban and Rural Areas.

88. Apart from the disparity between the numbers of lower grade defectives found in the two investigations, one of the most disturbing features that tend to show that there has been an increase in incidence is the marked difference between the figures in Dr. Lewis' findings for rural and urban areas. Table 7 shows that the incidence of all grades of defect in urban areas was 6·71 per 1,000 total population as compared with 10·49 in rural areas. This feature has been observed by previous Investigators, but so far as we are aware the incidence in rural areas in this country has not hitherto been found to be as much as 55 per cent.† higher than that in urban areas. The findings of the Investigators under the Royal Commission show that the incidence in rural areas, particularly in agricultural districts, was generally higher than that in the urban areas and industrial towns which were visited, though the disparity was not nearly so marked as in our investigation.

If this disparity were confined to adults it could no doubt be partly explained by the facts that it is easier to ascertain the adult defective in a rural area, that our Investigator's actual ascertainment of adults in urban areas is admitted by him to have been less complete owing to the lack of social cohesiveness‡ in some of these areas, that mental defectives born in urban areas are not infrequently sent when grown up to the more congenial country districts to

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* " Mental Deficiency," Tredgold, Fourth Edition, Pages 12 and 13.

† According to Table 11, which is based on sex incidence, the rural incidence is as much as 64 per cent. higher than the urban.

‡ *See* Dr. Lewis' Report, Chapter 1, pages 3 and 4 where he discusses this and other factors which militated against complete ascertainment of adults in urban areas.

live and that defectives seem to live longer in the country than in town. Moreover, the migration of the more enterprising members of the rural community to the towns would in itself cause a slightly higher incidence of mental deficiency in the rural areas and would tend to lower that in the towns. These extrinsic factors, however, do not seem to afford an adequate explanation of the difference of incidence in urban and rural areas especially when it is remembered that this difference is most marked in respect of the children between 7 and 14 years of age in whose case it is certain that the ascertainment was most complete and was also equally thorough in both types of area. Table 14 shows that in this group the rural incidence was 39·7 as compared with an urban incidence of 20·9 per thousand school children.

Is there any obvious factor to account for this disparity between the incidence of mental defect in children in urban and rural areas ? It is, of course, known that rural children experience a considerable handicap when subjected to mental tests as compared with urban children who have greater verbalistic ability. Our Investigator was naturally much on his guard against allowing this handicap of rural children to influence his findings. Moreover, the Group Tests which were applied were certainly not verbal in character or otherwise specially favourable to urban children. It is of course admitted that most Scales of Intelligence Tests have a verbal bias, but those adopted in our investigation included a fair proportion of tests of a practical character, and in the individual examinations our Investigator also applied several Performance Tests. Again, as is clearly indicated in our Investigator's Report, no child was classed as feeble-minded merely on the basis of his mental ratio as assessed by intelligence tests ; full weight was given to his educational attainments, his general behaviour at the examination, reports by teachers on his conduct in school and in the playground, the results of physical examination and all available information as to his family history. It seems clear, therefore, that the possible verbal bias of these tests was not allowed to deflect our Investigator's judgment.

Dr. Lewis had had wide experience of testing rural children prior to this investigation and was fully aware of the allowances that have to be made in their case. In fact it appears from an examination of the distribution of mental ratios* among children in urban and rural areas that his standards in this respect were somewhat less exacting in the latter, in that the proportion of ascertained children with the higher mental ratios was smaller in the rural areas.

What has been said in the two preceding paragraphs applies mainly to the higher grade defective children. When we turn to the lower grade defectives, both adults and children, the evidence that the incidence is definitely higher in rural areas is

* Appendix A, Table 18.

still more conclusive. In ascertaining lower grade defectives of whatever age it is highly improbable that the application of the same criteria by a single investigator could have varied as between urban and rural areas. Yet, although the standards were admittedly identical, the incidence of lower grade defect was found to be 40 per cent. higher in rural than in urban areas. It seems incontrovertible therefore that there is a marked disparity in incidence between these two types of area.

89. A possible explanation of this disparity is that the great industrial revolution of the last century has brought about a distribution of the population in this country that would be conducive to an increase in mental deficiency. It is possible that the selective migration of the better stock from the rural districts has left behind a population inferior in mental quality at any rate, and that the inter-marriage of this inferior stock has produced a larger number of mental defectives during the last 50 years than in previous centuries, when the population was more evenly distributed. Now there is some evidence in the findings of our inquiry* that though mental defectives, particularly the lower grades, are found indiscriminately in all social strata, the incidence of feeble-mindedness both among children and adults is likely to be greater in any given group of persons below the normal in general intelligence than in a normal or super-normal group. We do not desire to attach undue weight to this argument, but we believe that it may afford at least a partial explanation of the higher ascertainment in our investigation than in those that have preceded it. It is of some interest and importance to know that the increase in mental deficiency, if there has been an increase, has been caused not by the deleterious industrial conditions of the large towns but by selective hereditary features operating in isolated rural areas where the environment is most conducive to the birth and maintenance of a healthy stock.†

There are some indications that the peak of migration from the country to the towns may have been reached, and that with the increased transport facilities, the growth of rural industries, the establishment of factories in country districts and the increasing attention being given to agricultural problems, the flow of migration may before long tend to be rather out of the town into the country and that the isolation of the rural communities may diminish.

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* *See* Table 22 in Appendix A and also the Investigator's Report, Chapter 4, pages 129 *et seq.*

† The figures in Table 17 (E), as well as the statistics of infant mortality in the investigated Urban and Rural areas, support this contention. It is worthy of note moreover that according to the vital statistics for England and Wales the general death rate and the infant mortality rate have for many years been higher in urban than in rural areas, while the average age of the population of both sexes is appreciably higher and the number of persons over 60 years of age considerably greater in the latter than in the former.

(3) General Conclusion.

90. We have considered with the greatest care all the evidence before us on the question whether mental deficiency is increasing. We recognise that the increase in the number of defectives found in our investigation is probably due in the main to more complete ascertainment ; partly to the lowering of infant mortality and to the greater longevity of defectives consequent on improved hygienic conditions and the growth of health services ; and partly also to a somewhat different interpretation of the standards. We recognise too that much careful and prolonged research is required before any final conclusion can be reached on this question. Nevertheless, after due allowance has been made for these and other considerations to which great weight must be attached, the facts that (1) our investigation revealed twice as many lower grade defectives as did that of the Royal Commission twenty years previously, (2) that the ratio of the different grades to each other remains the same in the two inquiries, and (3) that the disparity in the ascertained incidence in the urban and rural areas has markedly increased—all these make it hard to believe that there has not been some increase in the incidence of mental deficiency during this period.

V. The local distribution of higher grade defectives and its relation to social problems.

91. The possibility that the higher incidence of mental defect found in the rural areas was due to the lower cultural level of the rural stock brings us to the last of the more general features of our investigation to which we wish to call attention, namely, the distribution of higher grade defectives in the various areas. Lower grade defectives were found indiscriminately in all types of district and in all classes of family and there is no reason to think that the incidence of idiocy or imbecility is distributed in any way unevenly among the different social strata of the population. But in the case of feeble-mindedness there were great differences of incidence in different schools and villages and in different parts of the same town. The town schools which contained the largest proportion of feeble-minded children were generally situated in the slum areas, and in the villages with the largest number of adult defectives there were generally found to be correspondingly large numbers of feeble-minded children. There were thus what appeared to be certain clearly marked geographical foci of mental deficiency. When, however, these came to be investigated more closely, they were found in fact to be family foci. This was certainly the case in many of the villages, where the defective children were found in a small restricted number of families, often interrelated by marriage. The family focus was more difficult to establish in the towns, though there were many indications of it there also.

Now the importance of this feature of our findings is that it seems to establish the fact that feeble-mindedness is more likely to occur among populations of a generally low mental and physical level than elsewhere, that is to say, in slum districts and in rural areas with a poor type of inhabitant, and that broadly speaking it is likely to be most prevalent in a certain limited group, which may be termed the sub-normal group, of the general population. The evidence is not conclusive, but it does at least point to there being some relation between the slum problem and the problem of mental defect, as we shall see below.*

Certain other features in Dr. Lewis' Report point in the same direction. It is generally accepted that certain diseases and physical defects—defects of growth and nutritive conditions such as under-sized stature, subnormal nutrition, rickets and anaemia, certain eye diseases such as blepharitis and conjunctivitis, certain skin affections—are more commonly to be found in slum areas and in association with poor and dirty home conditions than elsewhere, and it is not without interest to know that according to the findings of our investigation the occurrence of these very diseases and defects is many times more frequent among mentally defective children than it is among the general school population.† Again, a fact which has some bearing on this question and which has been observed elsewhere was noted in one of the investigated areas, namely, that after a slum area has been cleared and the population moved to well-designed houses and to generally hygienic surroundings, the very conditions which it was hoped to remedy soon recur and oblige the Local Authority to intervene to prevent the emergence of a new slum area. It was in such a district as this that our Investigator found one of the highest incidences of mental defect found in any area of comparable size.

If, as there is reason to think, mental deficiency, much physical inefficiency, chronic pauperism, recidivism, are all more or less closely related, and are all parts of a single focal problem, can it be that poor mental endowment, manifesting itself in an incapacity for social adjustment and inability to manage one's own affairs, may be not merely a symptom but rather the chief contributory cause of these kindred social evils? If so, then the problem of mental inefficiency, of which mental deficiency is an important part, assumes a yet wider and deeper significance and must indeed be one of the major social problems which a civilised community may be called upon to solve.

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* *See* Part III of the Report where the question is fully discussed in the chapter on "Mental Deficiency as a Social and Genetic Problem." *See* also Dr. Lewis' Report, Chapter 4, pages 129 *et seq.*, and Table 22 in Appendix A.

† *See* Dr. Lewis' Report, Chapter 4, pages 104 *et seq.*

VI. Findings relating to Children.

(1) Feeble-minded Children between 7 and 16.

92. In considering the findings relating to feeble-minded children we propose to confine ourselves to children between the ages of 7 and 16 since feeble-minded children under the age of 7 do not as a rule present any special educational or administrative problem, and since it is, broadly speaking, only with those over 7 and under 16 years of age that Local Education Authorities are at present concerned. We shall first give certain estimates of the total number of feeble-minded children between these ages in England and Wales and then discuss very briefly certain of the more important administrative problems raised by the findings.

(*a*) estimated numbers in england and wales.

93. Estimates of the total number of feeble-minded children between 7 and 16 years of age in England and Wales could be framed in several different ways from the findings in the investigated areas. We have come to the conclusion, however, that the most simple and reliable estimate is that given in Table 24 (3), which is based upon the actual incidence per 1,000 total population of feeble-minded children between the ages of 7 and 16 ascertained in the investigated urban and rural areas. It will be seen that on this basis the total number of children in this age-group in England and Wales who are certifiable as feeble-minded on the standards adopted in our investigation is estimated at approximately 104,509, or in round numbers 105,000. We think that this figure may be accepted as the most reliable one that can be obtained from our investigations, and we are satisfied that it is not an overestimate.

Of these 105,000 children, approximately 75,000 are living in urban areas and 30,000 in rural areas, the corresponding incidence rates per 1,000 total population being 2·42 and 3·59 respectively. It is desired to call attention here to these differences of incidence, since they will have an important bearing on the problems that we shall have to discuss later of making suitable provision for feeble-minded children in both types of area, and particularly in the more sparsely populated country districts.

(*b*) feeble-minded children in public elementary schools.

94. A fact of no small administrative and practical importance, which has long been generally known to educationists, has been confirmed by this investigation, namely, that very large numbers of feeble-minded children remain in the ordinary Public Elementary Schools throughout their school lives. No less than 1,614 out of 2,091 feeble-minded children, or 77 per cent. of those ascertained, were in attendance at these schools. In rural areas this can be explained by the fact that the numbers are too small to permit of the establishment of Day Special Schools while the cost of sending

them all to Residential Schools, even if accommodation were available, has been regarded as prohibitive. In urban areas the administrative difficulty of making separate provision for the relatively small numbers of defective children no doubt operates also, but our Investigator received the impression that factors of greater importance were the difficulties connected with certification—unwillingness of teachers to send children forward for special medical examination and of Certifying Officers to certify children as mentally defective, parents' objections to their children being certified; the strong prejudice felt by parents to their children being segregated from normal children, particularly where the Special School was attended by children of lower grade; and the feeling among many teachers that large numbers of these children can be dealt with within the ordinary elementary education system. It would not be safe to generalise from the findings in the two selected areas where Day Special Schools have been established, but it may be pointed out that even in these areas over 69 per cent. of the feeble-minded children over 7 years of age ascertained were in Public Elementary Schools and only 16 per cent. were attending the Day Special Schools, although there was accommodation at these schools for between two and three times as many children as had actually been admitted.

We shall have occasion to refer later* to this matter, which appears to us to raise certain fundamental issues on which our principal recommendations in regard to children will be based.

(*c*) FEEBLE-MINDED CHILDREN SUFFERING FROM OTHER DEFECTS.

95. The incidence of physical defect amongst feeble-minded children was found to be very high. So far as it is possible to draw general conclusions from the relatively small numbers of children concerned, or to compare the results of our investigation in this respect with the somewhat incomplete returns furnished by Local Education Authorities, it would appear that the incidence of blindness and deafness, both total and partial, is many times as high amongst feeble-minded† as amongst normal children. The figures in regard to other physical defects are less conclusive though there is reason to think that the incidence is unusually high among the feeble-minded. So far as "severe" epilepsy is concerned the incidence among the ascertained defective children was found to be 5·2 per cent., a figure which should be compared with an incidence of 0·06 per cent. as returned by Local Education Authorities and 0·07 per cent. found by the Royal Commission amongst the total normal school population.

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* Chapters VI, VII and VIII.

† The discussion in Dr. Lewis' Report (Chapter 4, pages 104 *et seq.*) of the incidence of physical defect relates to the whole group of mentally defective children of all grades, but his main conclusions are certainly applicable to feeble-minded children who formed the large majority of those ascertained

We shall refer later to two questions arising out of these findings: the administrative problem of providing for the education and care of children suffering from multiple defects,* and the necessity of paying particular attention to the health of mentally defective children.†

(*d*) SUGGESTED CLASSIFICATION OF FEEBLE-MINDED CHILDREN FOR ADMINISTRATIVE PURPOSES.

96. In the course of his investigation Dr. Lewis endeavoured to determine so far as possible what form of educational provision contemplated under the present Acts and Regulations was the most suitable for each of the feeble-minded children whom he ascertained, and to classify the children in two categories—those requiring Residential Special School education, and those suitable for Day Special Schools. It is of course obvious that practically all feeble-minded children living in the more thinly populated rural areas must under the present system be sent to Residential Schools if they are sent to Special Schools at all, because of the impracticability of establishing Day Special Schools in country districts. In classifying the children, however, Dr. Lewis did not take this consideration into account, but based his recommendations on such factors as personal character traits, home conditions, etc.—in other words, on the question whether the child could be adequately dealt with and provided for in a Day Special School, if such a school were available. On the basis of his recommendations it is estimated that about 81,000 of the feeble-minded children could suitably attend Day Special Schools, if such schools were or could be made available, while some 23,000 would require to be sent to Residential Schools. (Table 24 (3)). In this latter group he included all the feeble-minded children for whom the Poor Law Authorities were at present responsible, amounting to about 5·6 per cent. of the feeble-minded children between 7 and 16 ascertained, or in the whole of England and Wales to nearly 5,000 children between these ages.

(2) LOWER GRADE‡ CHILDREN UNDER 16.

(*a*) ESTIMATED NUMBERS IN ENGLAND AND WALES.

97. On the basis of the actual ascertainment in the investigated areas it would appear that there are approximately 30,000 lower grade children in England and Wales as a whole, about 24,000 of these being imbeciles and about 6,000 being idiots (Tables 9 and 10).

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* This question is dealt with in Part III of our Report, where the suggestion is made that the State might provide institutional accommodation for mentally defective persons, both children and adults, who suffer also from blindness, deafness or other physical defects.

† *See* Chapter VII, paras 120 and 140.

‡ Throughout this Chapter the term "lower grade" means idiots and imbeciles.

These figures include children of all ages up to 16. Our Investigator's ascertainment of younger children was naturally not so complete as it was in the case of those over 7 years of age ; in point of fact the mean rates of his ascertainment of lower grade defectives in urban and rural areas respectively were ·17 and ·15 per 1,000 population in the case of children under 7 years of age as compared with ·59 and ·74 in the case of those between 7 and 16.

It is obvious that the incidence of lower grade defect amongst children under seven years of age is at least as high as it is amongst those over the age, and we should probably arrive at a more accurate estimate if we were to base our calculations on the incidences found in this older group of children. On this basis it would appear that there must be at least 40,000 lower grade children under sixteen years of age in England and Wales as a whole.

(*b*) SEX INCIDENCE.

98. It is somewhat surprising to find that the incidence of lower grade defect was as much as 30 per cent. higher among boys than among girls. In the case of adults the disparity was even greater, the incidence being 33 per cent. higher among men than among women. It is difficult to account for this feature, especially when it is seen that in the case of the feeble-minded the excess of males was only 14 per cent. among children and in the case of adults the numbers were practically equal. Our Investigator suggests that these figures support the view which is held by some scientific writers that pathological conditions and variations from the normal are more frequent among males than females. The higher rates of infant mortality among boys would also tend to support this view. We draw attention to the fact here mainly because it is of some administrative importance in connection with the planning of institutional accommodation for lower grade defectives.

(*c*) PRESENT DISTRIBUTION OF LOWER GRADE CHILDREN.

99. It will be seen from Table 16 (B) that of the 513 lower grade children under 16 who were ascertained no less than 212, or 41 per cent., were living in their homes, attending no school or centre and in most cases receiving no training or supervision so far as any public authority was concerned. It will further be seen that no less than 122, or 24 per cent., of these lower grade children were in attendance at Public Elementary Schools, and a further 11 per cent. were at Day or Residential Special Schools. Only some 13 per cent. of the whole number were being maintained by Local M. D. Authorities in institutions, and more than one-third of these were in Poor Law Institutions approved under Section 37 of the Mental Deficiency Act, 1913. These three facts in regard to the distribution of lower grade children actually ascertained in the investigated areas—namely, that 41 per cent. of them were at home,

that 35 per cent. of them were being educated at schools recognised or certified under the Education Act, and that only 13 per cent. were receiving any form of institutional care at the hands of the Local M. D. Authority—furnish convincing evidence that the burden of providing for the care of lower grade children is not being borne by those Authorities on whom Parliament placed the responsibility.

(*d*) SUGGESTED CLASSIFICATION OF LOWER GRADE CHILDREN FOR ADMINISTRATIVE PURPOSES.

Of the 30,000 lower grade children it is estimated, on the basis of the recommendations made by Dr. Lewis in regard to the allocation of defectives in the investigated areas, that in England and Wales as a whole there are some 17,000 who require institutional treatment. All of these should be sent to fully equipped Colonies conducted on modern lines, where adequate classification could be secured and every facility for training and employment would be available. It is further estimated that the remaining lower grade children amounting to nearly 14,000 could be left in the general community. Practically all of these would have to be placed under either supervision or guardianship. Rather more than half of them could attend Occupation Centres, while the remainder would be left at home and provided with such training or occupation in their own homes as it might be practicable to supply.

CHAPTER VI.

THE RELATIONSHIP BETWEEN MENTALLY DEFECTIVE AND RETARDED CHILDREN.

(1) The large number of Mentally Defective Children in Public Elementary Schools.

100. In discussing the findings of our investigation in the previous Chapter we laid some emphasis on the fact that a large proportion of certifiable mentally defective children remain uncertified, and indeed often unrecognised as mentally defective, and continue to attend the ordinary Public Elementary Schools along with normal children throughout their school lives even in areas where Special Schools have been established. On the basis of our investigation it appears that the numbers of these certifiable mentally defective children are far larger than had previously been thought and amount to about 90,000, or nearly six times as many as those attending certified Special Schools.

Now it might be suggested that the fact that our Investigator classed as feeble-minded* so large a number of children attending the Public Elementary Schools was simply due to his having taken an unduly high standard for the diagnosis of mental deficiency and having included many children who were not strictly certifiable under Section 55 of the Education Act. The description† of the standards adopted in this investigation makes it clear, we believe, that they were not more stringent than those normally followed by Certifying Officers in areas where the work is well done. Indeed we think that it will be generally admitted that no standards materially differing from those adopted would be compatible with the definitions of mentally defective and feeble-minded children in the Education and Mental Deficiency Acts respectively. Moreover, the number of mentally defective children actually ascertained by several of the most progressive urban Local Education Authorities corresponds very closely with Dr. Lewis' ascertainment in two of the urban areas which he investigated, even though his findings include children in Poor Law Institutions who are in many cases excluded from the Local Education Authorities' figures. There is also some evidence in the findings of recent investigations, confined to more limited areas, that the incidence of mental deficiency in both urban and rural areas is as high as that found in our investigation.

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* The term " feeble-minded " as applied to children is used in this chapter in the sense in which it is used throughout our Investigator's Report, namely as equivalent to the term " mentally defective " for the purposes of Section 55 of the Education Act, 1921.

† *See* Dr. Lewis' Report, Chapter 2 and Appendix B.

(2) Unsatisfactory Educational Provision now being made for these Mentally Defective Children.

101. We recognise that, as will be shown later, endeavours have been made by some Local Education Authorities so to organise their elementary schools as to provide for the needs of these children. Such efforts have, however, at the best been but spasmodic and haphazard, and most of these children are dealt with on exactly the same lines as the normal children in the schools. The unsuitability of the present curriculum and methods of instruction in the ordinary schools for the feeble-minded children ascertained in the present investigation is indicated by the results shown in Table 19 in Appendix A to Dr. Lewis' report. From this Table it is seen that about 12 per cent. of these children had no educational attainments whatever. In a random selection of 836 feeble-minded children who had some educational attainments and whose average age was 11·4, the average educational age was found to be 6·4, indicating an average educational retardation of five years. Even children aged 14 who were in their last year of school life had only on an average the attainments of a normal child of 6·7 years of age. Such meagre educational attainments can scarcely be said to be of much practical value to these children especially when it is remembered that even these would be to a great extent lost during the first year after leaving school. These results, which can be borne out by evidence collected from other inquiries, make it clear that feeble-minded children receive very little profit from the ordinary scholastic curriculum of elementary schools.

(3) Impossibility of any considerable expansion of the Present Day Special School System.

102. We have seen in an earlier Chapter* that there is not only no prospect, but in fact no possibility of any considerable expansion of the Special School system in its present form and under present statutory conditions except in a few of the largest towns. Even in these towns increasing difficulty is being experienced in the certification and transfer to Special Schools of numbers of mentally defective children who should properly be certified and transferred. It is true that, if the difficulties inherent in certification could be overcome, the large urban Authorities would be able to secure the attendance of considerably larger numbers of these children at Special Schools. Apart from the largest towns, however, it seems abundantly clear that no appreciable expansion of the present Special School system is possible and we are accordingly driven to the conclusion that the system itself and the legal basis on which it rests must be modified if suitable educational provision is to be made for these 90,000 mentally defective children for most of whom Special Schools, as that term is now understood, will never be available.

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* Chapter IV, paras. 64 and 65.

(4) Existence of a large marginal group of Educationally Retarded Children.

103. Now it must not be thought that those children who are certifiable as mentally defective (whether actually certified or not) are the only group of children who are unable to derive full benefit from the ordinary education in the Public Elementary Schools. Our Investigator formed the opinion in every school that he visited that for every child whom he classified as feeble-minded there were two or more children of only slightly higher mental and educational capacity. He was conscious throughout his investigat on of the existence of a large marginal group who were clearly not deriving proper benefit from the instruction in the schools.

The existence of this group is universally recognised. Investigation by competent educational psychologists have shown that at least ten per cent. of the children attending Public Elementary Schools are two or more years retarded educationally, and these children present a serious problem to teachers and others concerned with the administration of the schools. It is obviously difficult to fit these children in with their fellows. A child of 10 should be in what is generally known as Standard* IV. If he is two years retarded educationally he cannot derive benefit from most of the lessons given to other children of his age, whilst his transfer to a class (e.g. Standard II or lower) containing children two or more years his junior is admittedly undesirable.

(5) Difficulty of providing suitable Education for Defective and Retarded Children increased by the Statutory Requirements.

104. We have already seen that the statutory requirement that a child must be certified as mentally defective before he can be provided with the special form of education contemplated in the Education Act, though it has resulted in the transfer of a number of children to Special Schools in the large towns, has in fact militated against the provision of suitable education in the country generally for the large majority of the 90,000 other mentally defective children. Moreover it is now recognised that in addition the large marginal groups of dull and backward children, who under Section 55 of the Act are explicitly excluded from the benefits of Special School education, are also unable to derive proper benefit in the broad sense of that term from the ordinary scholastic curriculum of the Public Elementary Schools. The need of providing for these is recognised by many educationists and teachers, but the mere fact that there is a special group of certified mentally defective children for whom Local Education Authorities are required by Statute to provide has tended to overshadow the claims of, and to distract attention from, the larger group in respect of whom no such specific duty has been imposed on those Authorities.

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* See note † on page 143.

(6) The Kinship of the Educationally Defective and the Educationally Retarded.

105. It is generally held by teachers and educationists that most of the feeble-minded children of the type ascertained in the present investigation could be taught by the educational methods appropriate to retarded children who are left in elementary schools. The whole group of retarded and higher grade defective children in fact present a single educational problem. Of the school children at present designated mentally defective, a considerable proportion are lacking not so much in social capacity as in educational capacity. They make incompetent pupils rather than incapable citizens. What they need is not special care and control but a special form of instruction, special teaching methods and a special syllabus of work. By the time they reach the age of leaving school, at least a third, as we have seen, will cease to be regarded as mentally defective in any legal sense. Hence such children should be regarded as educationally defective rather than as mentally defective in the stricter sense of the term ; and they should not be certified merely to secure their attendance at a Special School. In point of fact, as we have noted already, they form simply the lower section of that large group of children broadly termed " retarded." During school years they need an education which should approximate rather to the instruction received by the more backward among the normal than to the limited training received by those who, when they are grown up, will need the care and supervision of a residential institution or some form of community care.

This view of the educationally defective makes it impossible for us to ignore the wider problem of the retarded child in general. If, as we have throughout maintained, the defective merge into the normal by insensible gradations, then the intermediate cases of a borderline type must lie also within our province. The " merely dull or backward " do not as such fall directly under the terms of our inquiry. Yet adequately to discuss the measures required by the brighter of the mentally defective is impossible, unless at the same time we also briefly review the measures required by the dullest of the nominally normal. The anchorage, indeed, of the educationally defective is rather with the dull or backward than with the socially defective. Why, therefore, should not the two former groups be dealt with together in one comprehensive scheme ?

There is yet a further reason which renders it essential for us to consider this marginal group. The two groups of mentally defective and retarded children are not merely contiguous groups ; there is scientific ground for thinking that a causal relationship exists between them. The findings of our investigation, as already mentioned, point to the conclusion that the majority of the feeble-minded are to be found within a relatively small social group, a group which may be described as the subnormal or social problem

group, representing approximately 10 per cent. of the whole population. Most of the parents in this subnormal group are themselves of poor mental endowment and would no doubt have been classed, when children, among the dull or retarded. Similarly the dull children of the present generation, who form a large majority amongst the children in this subnormal group, are the potential parents of many feeble-minded in the next generation. Therefore from the standpoint of the prevention of many social evils it is of the utmost importance that the problem of the education and social care of the borderline retarded child should be effectively tackled.

(7) Defective and Retarded Children as a Unit Problem.

106. In the light of all these considerations we have come to the conclusion that these two groups—the mentally defective child who is educable and the child who is dull or backward—can no longer be regarded as separate and distinct entities, but must really be envisaged as a single group presenting a single educational and administrative problem. This new and single group, which we shall later describe in more detail and with more precision, we designate the " retarded " group. This group consists broadly of all children who though educable in a true sense are unable to profit from the instruction in the ordinary Public Elementary Schools as these are now generally organised. It is largely on the essential unity of this whole group that the scheme which we shall propose in the next chapter is based.

We recognise that a full and detailed discussion of the methods, curricula and organisation of education for the non-certifiable retarded children is not within our scope. As, however, the large majority of the certifiable mentally defective children are now being and must always continue to be educated, together with those who are merely retarded, within the general elementary school system, we must necessarily in propounding our scheme raise problems which fall more properly within the province of the educationist than in that of a Committee which is concerned with the mentally defective.

(8) Attempts at present being made to deal with Defective and Retarded Children within the Public Elementary School System.

107. One of the principal objects for which this Committee was set up was to endeavour to formulate some scheme which would render possible the provision of better educational facilities for the large body of mentally defective children already known to be attending Public Elementary Schools, for whom the provision of Special Schools was found to present increasing difficulty. In order to enable us to do this we must consider for a moment what methods have been adopted to meet the needs of these children

who, whether certified or not, are in fact being dealt with, so far as legal and administrative considerations are concerned, as normal children within the Public Elementary School system.

These children exist in a variety of circumstances among the general school population and it will be readily understood how diverse must necessarily be the ways of dealing with them. There is no one ideal method. The rural school can offer little choice; the large urban school with many hundreds of children can offer much; and any one of the methods available may find a rightful place according to the age of the child, the accommodation and staffing of the school and the keenness of the Head and his staff in attempting to bring within the reach of the retarded child the best educational facilities available.

There are several modern tendencies in educational theory and practice which help the retarded child. Among the more important of these are, first, the movement in the direction of smaller classes, secondly, the practice of group teaching within the class; thirdly, the fuller recognition given to individual methods of instruction. This last movement is especially significant from the point of view of the retarded child who promises to receive as much benefit as his intellectually brighter companion from the application of principles and methods, largely originating in Seguin's teaching and subsequently developed by his successors, for securing individual response and activity. The actual methods of organisation include the following :—

(i) *Grouping of children within the ordinary schools.*—In very large schools children are sometimes grouped according to their capacities and those who move more slowly are formed into a group or class following such modification of the ordinary curriculum appropriate to each stage as may seem desirable. In this way it has been found possible to make provision for the majority of the retarded children. without any obvious separation of them from their fellows. In smaller schools more reliance has had to be placed upon grouping of individuals within the class.

These methods, however, are insufficient to meet all requirements and some special provision is often required. This has taken the form of

(ii) *Special Classes* into which are gathered children either junior or senior, some two or three years retarded. Special methods of instruction are followed and after a year or two some may be able sufficiently well to join with their fellows in the ordinary classes, while others may pass first from a junior to a senior special class.

(iii) The special class may not be so complete an entity. Children may attend for *special subjects*, for specified times, joining in with their fellows whenever possible, as for example, for singing and physical exercises and games, or, in the case of older children, for manual occupations and training. It has been found practicable to arrange these classes so that no stigma shall attach and, where they can be organised as Open-Air Classes, there may indeed be competition for admission.

(iv) It must be remembered that the *Open-Air School* proper affords an important indirect contribution to the solution of the problem. A large proportion of delicate children selected for admission to Open-Air Schools are retarded often as much as two or three years.

(v) In addition to arrangements made within the ordinary class or school or the Open-Air School, provision is sometimes made for a *separate department or school* comparable with a Special School for mentally defective children, but designed for children less retarded. A modified curriculum is followed, the ordinary scholastic work not passing beyond that of say " Standard IV," and special emphasis is laid upon practical work.

(vi) In the *rural school* comparatively little may be practicable in the way of grouping, but this applies to all the children in attendance whatever their mental attainments. The teacher is obliged to rely largely on individual methods of teaching and this affords a better opportunity of dealing with the retarded child than exists in some of the large classes that are common in urban schools. In one or two places peripatetic teachers have been employed in rural areas to advise the school teachers on methods of individual and group instruction.

108. Here then are some half-dozen ways in which the problems of the mentally defective and retarded children are at present, in some small degree, being attacked and being brought somewhat nearer to a solution. In the following Chapters we shall recommend certain modifications in the law and certain changes in administration the adoption of which will, we think, render it possible, with relatively little increased expenditure, to make satisfactory educational provision not only for the large majority of those mentally defective children now attending Public Elementary Schools, but for the whole body of retarded children.

CHAPTER VII.

SUGGESTED FUTURE ALLOCATION OF RESPONSIBILITY FOR CHILDREN BETWEEN LOCAL EDUCATION, MENTAL DEFICIENCY AND OTHER AUTHORITIES.

109. In previous chapters we have dealt with the nature of mental defect, the provisions of existing laws affecting mentally defective persons, the means provided for dealing with such persons, and the number of children and adults falling within the various categories of mental deficiency. We have also had occasion to call attention to that large group of retarded children who together with the educable mentally defective children form, in our opinion, a single educational unit. It is obvious that these facts form a complicated tangle in which legal, medical, educational, social and administrative difficulties all play their parts, and that the task of sorting them out cannot be an easy one. We believe however that it is possible to extract from all this mass of detail a few clear principles, and to derive from them certain guiding lines of action.

The two fundamental questions to be answered are these : first, what public authorities should be responsible for mental defectives of various grades and ages, and secondly what provision should be made by these authorities. We propose in this chapter to address ourselves to these questions so far as they relate to children and to defer to a later chapter the discussion of these problems in relation to adults. Moreover it will be obvious that, though we shall have occasion to refer to the education of the large marginal group of retarded children, this chapter will be confined so far as allocation of responsibility is concerned to children who are mentally defective within the meaning of the Education or the Mental Deficiency Acts.

I. Present Position.

110. Broadly speaking, and ignoring some small and exceptional cases, we may say that the general position at present is as follows. There are two main groups of Authorities charged with the duty of dealing with mentally defective children, the Local Education Authorities and the Board of Education working under the Education Acts and the Local Mental Deficiency Authorities and the Board of Control working under the Mental Deficiency Acts. It is the duty of the Local Education Authorities to put the whole child population between the ages of 7 and 16 through a sieve and divide them into three categories : (1) normal children, including those who are merely dull or backward, (2) those who, while unable by reason of mental defect to profit by instruction in the ordinary Public Elementary School, are not unable to profit by instruction in Special Schools, and (3) those who fall below this mental level. The duties of the

Local Education Authority towards these three groups are as follows :—to provide for the first group in the ordinary Public Elementary School system ; to " certify " each member of the second group and provide for them in Special Schools ; to "notify" to the Local Mental Deficiency Authority, the third group and also all those children in Special Schools who when they leave school at 16 seem likely to need institutional care, guardianship or supervision. The Local Education Authority have no further duties towards children who have been so notified, nor have they any further duties towards those falling within the first two groups after they leave school unless they have elected to exercise powers under Section 107 of the Education Act, 1921, in regard to Choice of Employment for young persons up to the age of 18. On the other hand the Local M.D. Authority are concerned with two groups of mentally defective persons : (1) the children between 7 and 16 " notified " to them by the Local Education Authority, (2) defectives under 7 and over 16 who fall under the definitions of the Mental Deficiency Act, 1927. It should also be mentioned that there are in addition a number of mentally defective children who are dealt with by the Poor Law Authorities and some who fall within the province of the Home Office. Their position will be considered later.

111. We have considered with the greatest care whether this allocation of mentally defective children is the best possible and we have come unanimously to the opinion that it is not.

We have already indicated some of the disadvantages of the present system and hope to make clear in the following pages in what way we consider that this system should be modified. Suffice it to say here that we are satisfied that, though much has been achieved for the education and care of defective children under existing statutory provisions and administrative arrangements, these provisions and arrangements have for various reasons deflected attention from some of the most vital problems affecting retarded and mentally defective children, have tended to hinder the wider development of educational provision for them and have to no small extent hampered the actual work in the schools, centres and institutions.

There are of course various possible bases for allocation. In the first place it is at least theoretically possible that all mentally defective children should be regarded as falling within the jurisdiction of the Local M. D. Authorities. This proposal hardly merits consideration. We feel quite confident, for one thing, that no proposal to hand over to these Authorities all the children who are now regarded as suitable for Special Schools would stand any chance of securing public approval, and in any case we do not think that such a proposal is desirable in itself. Many of the children at present in these schools are educable in the real sense of the word and it is clearly to their advantage that they should be left in the care of the Authority which knows best how to provide that education. Moreover it would be wrong to deprive these children of the immense

benefits of association with their fellows and to stigmatise as a class apart children for many of whom the only hope for their future lies in their being trained in childhood and adolescence to regard themselves as members of the general community of normal people. It would involve an expenditure altogether disproportionate to that now being incurred or to what would be required under the scheme we propound later in this chapter ; it would in our opinion fail to achieve the main purpose we have in view, namely the fitting of as many mentally defective children as possible for life as useful members of the community ; and it would render impossible, for many years to come, by reason of its costliness, the adequate care of those who cannot live independent lives.

112. In the second place, it is possible that all mentally defective children of whatever grade should remain in or be transferred to the care of Local Education Authorities. We shall refer to the arguments advanced in support of this contention presently ; but we may say here that this course is also one which we do not recommend for adoption. The Local Education Authorities' primary concern is education and as idiots and lower grade imbeciles at any rate are incapable of profiting from education even in the widest sense of that term, it would in our view be neither advisable nor practicable to make the Local Education Authority responsible for children who must always remain outside the education system.

113. We are forced back, therefore, to the position that mentally defective children must in fact be divided between the two Authorities and the practical question is not whether there should be any division but what that division should be. If this is agreed to, there are two alternatives. The division can either be left as it is, or the boundary line between the children allotted to the two Local Authorities can be shifted in one direction or the other.

II. General Principle on which the Responsibility should be allocated between Local Education and Mental Deficiency Authorities.

114. As a broad general principle we consider that, as at present, Local Education Authorities should be called upon to make provision for all those children who are capable of deriving proper benefit from education in the ordinary acceptation of the term ; that is to say, children who can profit from instruction in ordinary school subjects including manual work, such as are taught in the type of school now known as a Special School, and can thus be fitted into the framework of existing educational machinery. On the other hand, children whose mental defectiveness, of whatever nature, is such as to make it impossible to fit them into that framework, children who are not fit to attend a day school or who fail to make any substantial progress in scholastic or manual work, even with a curriculum specially designed to meet their needs, should be transferred to the Local M.D. Authority.

In the following paragraphs we hope to show that our detailed proposals for the application of this board general principle will render it possible to make appropriate provision for the much larger numbers of children for whom it is now seen that provision is required, and at the same time will result in a fairer distribution of the burden between the Authorities concerned.

A. Mentally defective Children of School Age (7–16) who can attend a Day School or Centre.

115. We will deal first with those mentally defective children who fall within the present age limits for attendance at Special Schools, namely, those between seven and sixteen years of age. We shall suggest later a change in the age limits, but the recommendations we make both for the education and training of the children and for their allocation will be unaffected by any such change.

It is now coming to be recognised as a fundamental principle of Elementary Education that there should be a break at about the age of eleven and that all children should at that stage be transferred to some form of post-primary school. We are of opinion that this principle of an educational break at the age of eleven is no less applicable to the subnormal than to the normal child on purely educational grounds, while there are obvious administrative advantages in having a more or less uniform organisation throughout the whole elementary school system. The administrative advantages require no argument, though they will perhaps become more apparent as we proceed to describe our proposals. It may be convenient, however, if we state briefly the reasons for our view that the principle of a break at eleven should be applied on educational and other grounds to the subnormal child.

In the first place, it is found in practice that the mentally defective child under eleven, even where his defect is clearly recognised, can in many cases be fitted into the ordinary Public Elementary School system without detriment to the interests of the other children. A child of ten who is some three or more years retarded mentally and educationally can often be taught, without any serious inconvenience, with children two or three years junior to himself. His defect shows itself mostly in the form of serious retardation rather than in that of social maladjustment. In short, the young feeble-minded child is able to derive appreciable benefit from many of the activities in the junior departments of Public Elementary Schools without interfering with the education of the other children in attendance, whereas such a child when older is frequently a serious source of disturbance and anxiety in the senior department. The second reason, closely related to the last, is that the older the subnormal child becomes the more seriously does he lag behind his fellows. Whereas the mental ratio of normal children remains fairly constant throughout their school life, both our own and previous investigations show that the mental ratio of the mentally defective

child definitely begins to fall about the age of eleven. There is yet another reason which convinces us that the principle of a break at eleven is applicable to the subnormal child. There are obvious difficulties in diagnosing mental deficiency in its milder manifestations in young children and in assessing with accuracy the degree of defect from which a child is suffering. This is well recognised, but its truth is further confirmed by the fact that, for reasons explained in his report, our investigator ascertained a far smaller number of feeble-minded children under than over eleven years of age. The difficulty of determining whether a child of seven, eight, nine or even ten years of age is incapable of deriving benefit from instruction in an ordinary school naturally leads the Local Education Authority to give these children the benefit of the doubt. Most of them are in fact retained in Public Elementary Schools, only those of lower grade being sent to Special Schools. This natural tendency is, in our view, a sound one in principle. We believe that this period between the ages of seven and eleven should be a period of probation and salvage, and that it should be used to give a two-fold opportunity—to the child of showing whether he is capable of responding to the education and influence of the school and whether his continued retention in the educational system is justified, and to the Local Education Authority, the medical officers and the teachers of forming a definite judgment on the question whether a child is really feebie-minded or merely educationally retarded. By the time a child reaches the age of 11 he will have shown his potentialities, and those responsible for him will have been able to assess his mental ability. There is thus strong ground for dealing on somewhat different lines with children under and with those over 11 years of age.

Let us now consider on what basis the responsibility for the training and education of the younger and older mentally defective children respectively should be allocated between the two Authorities concerned.

(1) YOUNGER CHILDREN, I.E. THOSE BETWEEN 7 AND 11 YEARS OF AGE.

116. The Local M.D. Authority have (subject to certain minor exceptions), no powers or duties with regard to a child over 7 unless his name has been notified to them by the Local Education Authority, and the primary responsibility for dealing with all mentally defective children over 7 rests therefore with the Local Education Authority. We consider that, subject to the exceptions mentioned in the next paragraph, all children up to the age of 11, when the period of primary education ends, should remain in the sphere of the Local Education Authority.

There will of course be certain children who cannot properly attend a day school, such as Idiots who cannot guard themselves against common dangers, children who are restless and uncontrollable and whose attention to school work cannot be secured, children who are persistently wet and dirty, those who are detrimental

to others, those who have vicious or immoral habits. There will, moreover, be some children who, though fit, so far as educational capacity is concerned to attend a day school, live in places too remote to enable them to reach a suitable school and also those whose home circumstances are such as to render it advisable to send them to a Residential School. The case of these groups of children will be considered later.*

All the other mentally defective children however between 7 and 11, that is to say all who can attend a day school and whose presence there would not be detrimental to the interests of the other children, and all who are thought likely to prove capable of deriving appreciable benefit from school training and instruction, should in our view be kept with their fellows in the general education system, and should be given the opportunity which the day school environment provides of developing such potentialities as they possess. This period spent within the elementary education system, whether in ordinary infants or junior departments, or, in the larger centres of population, in special classes for retarded children, conducted on modern individual methods or in schools similar to existing Special Schools for younger children, will enable them to be kept under the observation of teachers and doctors who will thus have every opportunity of forming an accurate estimate of each child's intelligence and educational capacity by the time he attains the age of 11. It is of course assumed that Local Education Authorities will so far as practicable provide the specialised forms of education that retarded children require and will keep these children under closer supervision, both medical and educational, than is provided for normal children.

117. There will still however be some children who, though capable of attending a Day School without detriment to the other children and with some prospect of profit for themselves, are yet ineducable in the broad sense of the term. These children whom we describe as "ineducable" will not be capable of profiting from ordinary school instruction in reading, writing and arithmetic, or even in manual work, though they will doubtless derive benefit from other sides of school life—association with other children of their age, training in social habits, learning to look after themselves and adjust themselves to some extent to their surroundings. It may be contended that these are matters which fall outside the sphere of the Local Education Authority, and that it is inequitable to expect that Authority to make provision for these children who, *ex hypothesi*, cannot benefit from education as ordinarily understood. We think there is much force in this contention, and we accordingly recommend that these "ineducable" children and also those children who, though not ineducable, are in immediate need of care and control, should be notified to the Local M.D. Authority as soon

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* *See* paras. 131–134.

as it can be said that they are ineducable or in immediate need of care and control. We further recommend that the Local M.D. Authority should have the financial responsibility for all children so notified and moreover that it should be the duty of that authority to provide such care and supervision as may be required for these children out of school hours. At the same time we recommend that it should be the *duty* of the Local Education Authority, in return for payment by the Local M.D. Authority, to provide facilities for the training and instruction of these children, in such a way as, having regard to local circumstances, may best meet their needs.

118. On the face of it these recommendations may appear to be paradoxical. How, it may be asked, can an "ineducable" child be educated? Why should the Local Education Authority whose function is to provide education be charged with duties towards children who cannot benefit from education and therefore fall outside their sphere? Why not hand these children over entirely to the Local M.D. Authority if all they need is care, supervision or control? What justification is there for dividing the responsibility in this way between the two Authorities? A brief answer to these objections is that these children, though ineducable in a broad sense, can benefit to some extent from certain sides of school life, such as training in social habits and in the simplest forms of manual work; that their numbers are so small as to render separate provision for them uneconomical if not impossible, and that their retention in the schools (whenever possible in suitably graded classes with a modified curriculum) appears to us to be the only practicable way of dealing with them, at all events in most areas. For while we are aiming first and foremost at securing what is best for the child, we have not lost, and must not lose, sight of practical considerations. The Local M.D. Authorities have made little provision hitherto by way of Occupation Centres or otherwise for very young children who do not require institutional care, and though the Act of 1927 (Section 7 (2) (i)) gives them power "to provide suitable training or occupation for defectives who are under supervision or guardianship," we believe that the provision of such facilities for young children by these Authorities would be a matter of great difficulty in all parts of the country, and particularly in sparsely populated districts, and that at the best many years must elapse before any general network of centres for young children could be set up even in many of the larger urban areas. Further, such provision by the Local M.D. Authority would in many cases necessitate the appointment of special staffs—Medical Officers, Attendance Officers, instructors or teacher attendants, and clerical staff—and would result to some extent in duplication of buildings, whereas the Local Education Authority already have on their staffs officers of these types, and in many cases also possess buildings suitable for the purpose. The Local M.D. Authority in fact would have to create a fresh organisation, while the Local Education Authority would

merely have to utilise, and in some cases develop, their existing machinery. We contemplate that in the largest towns, where the numbers of these children justify it, provision on the lines of existing Occupation Centres would be made for them by the Local Education Authority in separate premises. In the medium sized towns and in urban areas generally the Local Education Authority would have relatively little difficulty, either by means of additional classes or centres, in fitting the younger children of this type into their existing elementary school system, which includes what are now called Special Schools.

119. In the more sparsely populated areas it is and always will be difficult to provide separate schools or classes for retarded children of any grade, and it will sometimes be found that the lower grade children cannot be fitted into any type of Day School or Centre which the Local Education Authority can provide. These children will accordingly fall into the category referred to above of those "who cannot properly attend a Day School," but must be sent to a Residential Institution and, since they will in any case have been notified to the Local M.D. Authority, the full responsibility, financial and other, for making provision for them should rest with that Authority. Their numbers will however be relatively small, for it must be borne in mind that in small schools in which children of all ages with widely varying degrees of educational capacity are under the charge of a single teacher possibly with one assistant, the educational methods adopted are necessarily largely individual and the conditions are *pro tanto* more favourable to the retarded child; for where individual methods of education are followed, mere backwardness, even though serious, in educational ability becomes less of a barrier.

We do not of course suggest that children of vicious or objectionable habits, whose presence would be detrimental to the interests of the other children, should be retained in the day schools, but rather that the rural school can often provide reasonably satisfactorily for the quiet, well-behaved, younger lower grade children.

(2) OLDER CHILDREN, I.E. THOSE BETWEEN 11 AND 16 YEARS OF AGE.

120. The ordinary Public Elementary Schools are now in general organised in departments for infants, for junior and for senior children, and it is as already stated becoming the general practice to transfer children from the junior schools or departments to secondary, central or other post-primary schools between the ages of 11 and 12. It appears to us that the machinery employed for selecting children at this age for admission to the several types of post-primary school could well be utilised with but little adaptation and with the addition of a special examination, in which specially qualified teachers or inspectors and, wherever practicable, an educational psychologist should be associated, for sifting out the various grades of retarded children and assigning them to the types of school or class best suited to their individual capacities.

We understand that in some areas the practice has been adopted in connection with the examination at the age of 11+, of subjecting the children to some form of group test and in the case of some schools of measuring each child's intelligence by means of one of the recognised forms of individual Intelligence Tests. An extension of this practice would in our opinion prove of value in determining to what type of post-primary school each child, whether normal or subnormal, should proceed. As a result of this general or special examination Authorities would be able to select the most seriously retarded children and those who exhibited marked abnormalities of character or temperament for examination by a specially appointed Medical Officer, whose duty it would be to decide which of them should be certified as mentally defective with a view to their notification to the Local M.D. Authority and which of them should remain, at all events for a further period, within the province of the Local Education Authority. This occasion should moreover be utilised for a *special* medical examination by the School Medical Officer in regard to the physical condition of these retarded children, who should in any case be kept under regular medical supervision such as now obtains in Special Schools. We suggest therefore that the principal general survey of retarded and mentally defective children should normally be held at this stage in their school life.

121. On the results of the general examination at the age of 11+ the brightest children attending Public Elementary Schools are selected for admission to secondary schools, or to selective senior schools in areas where these exist (e.g. the London and Manchester Central Schools). The organisation of senior schools differs from area to area, but in areas where the non-selective type of senior school is adopted and all older children are transferred to these, the curriculum is necessarily modified to meet the particular needs of the various types and grades of children in attendance, including those who are commonly described as dull or backward. We anticipate that Local Education Authorities will, as the organisation of post-primary education develops, be necessarily led to make more comprehensive provision for retarded children as a whole, and we recommend that in making this provision they should consider the needs of that group of children who are now certified as mentally defective under the Education Act. In some areas this provision will take the form of schools for older mentally defective boys and girls, such as exist already in London and elsewhere ; in other areas provision will be made as already indicated in ordinary senior schools, differentiating between the needs of the brightest children not transferred to secondary schools, the children of average ability, and the dullest children, whose needs will best be met by more definitely vocational training. Whatever organisation be adopted, we believe that it will be found practicable, and that it will be in the best interests of the children, to include within the general system of post-primary education

the great bulk of the higher grade mentally defective children, and to regard what are now described as Special Schools for older children as particular types of central or senior school.

122. In the case of certain of these older children however, as in the case of those under 11 years of age, we do not consider that the Local Education Authority should be called upon to bear the cost of providing the education and training. We recommend therefore that those children in whose case it is apparent that they have failed to derive appreciable benefit from instruction at school, that is to say to make any substantial progress in scholastic or manual work, up to the age of 11+, and that they will eventually require care and control under the Mental Deficiency Act, should be notified at this stage to the Local M.D. Authority, and that the full responsibility for providing for their care, education and training should thereafter rest with that Authority and not with the Local Education Authority. By this means continuity of control will be secured during the later years of childhood, throughout the period of adolescence and so on into adult life. Moreover notification at this age will have the advantage of enabling the Local M.D. Authority to take steps to see that those children who later on will require institutional treatment shall receive during adolescence the type of training that will best fit them to become useful members of the community in which they will find themselves in later life; it is of course assumed that this Authority would be given power to compel the attendance of notified children, not requiring institutional treatment, whatever their age, at suitable Day Schools, Occupation or Training Centres.

123. *Difficulties in carrying the Committee's proposal to its logical conclusion.*—Now the strictly logical outcome of the scheme we propose would be that the Local M.D. Authority should establish a complete system of Day Training and Occupation Centres for all the older children who have been notified to them, other than those who require institutional care, and that the Local Education Authority should no longer be concerned with these children in any way. In some areas no doubt our scheme, if adopted, can and will be followed out to its logical conclusion, and the Local M.D. Authority will set up centres for the training and occupation of children from 11 years of age and upwards under the powers conferred on them by Section 7 (2) (i) of the Mental Deficiency Act, 1927. We believe that this course is likely to be adopted in urban areas where the numbers of suitable children are large and where a system of handicraft centres for the older defectives will in any case have to be established. But we cannot shut our eyes to the fact that in many of the smaller urban areas and in most rural areas the numbers* of older, lower grade notified defectives will be too small

* The question of numbers is fully discussed in Chapter VIII and in Appendix I.

to admit of the possibility of providing separate Occupation Centres for them, or, even if such provision were possible, to justify the heavy expenditure on staffs, buildings and administration that would be involved. The only alternative method by which the Local M.D. Authority could themselves deal with these children in all but the larger urban areas would be by the provision of institutional accommodation. In view of the serious existing shortage of residential accommodation for those cases which are in urgent need of institutional care, and further of the large numbers of older children who in any case fall to be dealt with by the Local M.D. Authority, the cost of making institutional provision for all those for whom day centres could not be provided would be prohibitive.

124. *Objections to the Scheme.*—If this view is correct why, it may be contended, should not the recommendation made in the case of the younger notified children, namely, that it should be the Local Education Authority's *duty* to provide for their training, apply also to these older children ? Some of our members are of opinion that this contention is sound and that all the arguments used in support of the proposal that the Local Education Authority should be required to provide educational or training facilities for all the younger children capable of attending a day school or centre in return for payment by the Local M.D. Authority have equal force in regard to children over 11 or 12 years of age. They urge that the provision hitherto made by a few Local M.D. Authorities and now required by Section 7 of the Act of 1927 for the training or occupation at Day Centres of defectives under supervision or guardianship had better be confined to adolescents and adults and that it should not apply to children under 15 or 16 years of age because this would involve the creation of entirely new machinery. The Local M.D. Authority would either have to set up separate staffs of School Attendance Officers and teachers or teacher attendants or to utilise those employed by the Local Education Authority, and they would have to establish a complete system of school provision and management (including arrangements to perform the work done by Sites and Buildings, Health and Staffing Committees and the appointment of medical officers, nurses, dentists and architects) or alternatively to make use of the organisation already established by the Local Education Authority. Duplication of organisation and staff would be uneconomical and the use by one Committee of the Council or by one Authority of the organisation and staff of another Committee or Aluthority would at the best be cumbersome and at the worst would lead to friction and difficulty. Moreover they feel that when Loca Education Authorities had undertaken to provide for children under eleven, it would be found that, not only in the more sparsely populated districts but even in the large urban areas, the numbers of defectives falling within the province of the Local M.D. Authority would be insufficient to justify the establishment of separate

administrative and training arrangements by that Authority and so small that their inclusion in the Local Education Authority's educational system could create no difficulty.

Those who hold this view further point out that all mentally defective children of whatever grade or age require education and training according to their capacity and that, apart from the lowest grade children who cannot guard themselves against common physical dangers and such others as require institutional care, the majority must receive that education or training at some sort of Day School or Centre. They contend that it is impossible to draw a satisfactory line at the age of eleven and therefore that one Authority should provide for all children capable of receiving benefit from any form of Day School, Class or Centre until they have reached the ordinary school leaving age. They think that if the duty of providing training for these children is transferred from one Committee or Authority to another half-way through their school career great administrative difficulties will arise. In the first place, since the decision to transfer a particular child will be based upon the opinion and diagnosis of an individual Medical Officer, it is considered unlikely that any uniformity of standard will be attained, and the Medical Officer of the Local M.D. Authority may disagree with the standard adopted by the Local Education Authority's officer. This it is urged will inevitably lead to friction between the two Authorities. In the second place, the lack of uniformity will make it difficult, if not impossible, for either Committee to forecast how much provision it will have to make, how many children will fall to be retained in the Local Education Authority's schools, and how many will have to be dealt with by the Local M.D. Authority. They argue that as some form of Day School, Class or Centre is needed for all, no practical or scientific line of demarcation can be drawn. One Authority should therefore provide for all these children and that Authority should be the Local Education Authority. Such an arrangement they consider would not only be possible but would prove more economical and efficient than any scheme of divided authority during school age.

These members believe that once it is made clear that the duty of providing for the education and training of all defective children who can attend a Day School or Occupation or Training Centre, rests with the Local Education Authority, there would be no more difficulty in framing satisfactory schemes to meet the needs of those over than of those under eleven years of age. They further contend that the Local Education Authority's experience fits them to deal with Day Schools more efficiently than the Local M.D. Authority and that, thanks to the training and influence of the Local Education Authority's experienced teachers, it will in many cases be found unnecessary to send to institutions defectives of eleven years and older who would otherwise have required institutional care. They believe therefore that the only clear line of demarcation between

the two Authorities is (1) that those who can profitably attend a Day School or Centre should remain under the Local Education Authority; and (2) that those who require institutional care and training should fall to be dealt with by the Local M.D. Authority.

125. *The answer to these objections.*—Though due weight must undoubtedly be attached to these arguments, and though it is quite possible that in theory the retention by the Local Education Authority of full responsibility, other than financial, for all children of school age who are capable of attending a Day School, Class or Centre, would have considerable advantages, the large majority of the Committee would not be prepared to recommend the imposition on the Local Education Authority of a *duty* to provide training facilities for older lower grade children.

In the first place, there is in the opinion of most of the members, a real difference between fitting the younger lower grade children into the system of elementary schools and dealing in that system with the older children of similar grade. The former can, in large measure, be absorbed in the existing types of schools and classes for retarded children; a defective child of 9 or 10 who is 3 or 4 years retarded can, as already stated, be kept with younger normal or retarded children of approximately the same mental age and can be dealt with in junior schools or departments or in schools such as those now known as Special Schools for younger mentally defective children, where these have been established. With the older children no such arrangement would be possible, since the post-primary or senior schools for retarded children would contain but few children with a mental age of under seven, and it would wherever practicable, be necessary for the Local Education Authority to make special provision distinct from any form of school hitherto conducted by those Authorities, on the lines of existing Occupation or Training Centres, for the lower grade notified children.

In the second place it should be pointed out that, under the Mental Deficiency Act of 1913, there have been set up in all Counties and County Boroughs, statutory Authorities who are charged with the duty of providing for the care and control of all defectives who are subject to be dealt with under that Act, whether they be children or adults, and whether they require institutional treatment or can be dealt with by way of guardianship or supervision. Further, Parliament has by Section 7 of the Mental Deficiency Act of 1927 expressly made it the duty of those Authorities "to provide suitable training or occupation for defectives who are under supervision or guardianship or have been sent to institutions," and this duty is not in any way limited to older defectives, but clearly applies as much to those of school age as to adolescents and adults. In the case of the younger children we have seen that practical considerations render desirable some modification in the administrative methods by which the training is to be provided, though even in their case the responsibility should, in our opinion, remain with the Local M.D.

Authorities. To suggest that these Authorities should be relieved of the duty of providing suitable training for the older defective children would be to make a much more serious—and in our opinion quite unjustifiable—inroad on the duties of these Authorities as recently laid down by Parliament.

In the third place, the majority of the Committee do not believe that the bodies most closely concerned—the Local Education and the Local M.D. Authorities—would regard such a proposal as sound or equitable. Some of the former might object to being saddled with a responsibility which should not be theirs, and some of the latter might resent being deprived of the power and opportunity of dealing as they thought best with those children for whose care and control they are by statute responsible. It is obviously important that Local M.D. Authorities should have some effective control over the training in the latter years of their childhood of defectives for whom they will in any case have to provide as adolescents and adults.

126. After giving the most careful consideration to the whole problem, the large majority of the Committee have come to the conclusion that it would be in the best interests of the children, most consistent with public policy and most conducive to national economy, to allow considerable latitude of organisation and administration. They accordingly recommend that while the Local M.D. Authority should retain the full responsibility for providing for the care, training and control of children who have been notified to them at or after the age of 11 as having failed to derive appreciable benefit from instruction in schools (including the type of schools now known as Special Schools), and as being in need of care under the Mental Deficiency Acts, the Local Education Authority should be given the *power*, but not the duty, of providing facilities for their training in return for payment by the Local M.D. Authority. They believe that this scheme will provide an elasticity which would not be possible in any other arrangement ; that it will result in a fair distribution of the financial burden so far as Local Authorities are concerned ; and that it will enable the necessary training to be provided at a lower total cost, both to the rates and to the Exchequer, than would be involved if this provision had to be made exclusively by one Authority.

127. As indicated above, it is contemplated that in some of the larger urban areas the Local M.D. Authority will themselves set up Training and Occupation Centres for these children under the powers conferred on them by Section 7 of the Act of 1927. Where this is done it may prove the most convenient course for the Local M.D Authority to allow a few of the most defective of the children who still remain under the Local Education Authority to attend these centres in return for payment by the latter Authority. In the majority of

areas, however, it is believed that the best and most practical course will be for the Local Education Authority to provide for the training of the lower grade defectives over 11, in return for payment by the Local M.D. Authority, whether by setting up separate centres with a system of training and a staff appropriate to the children's needs, or where this is not practicable by absorbing some of the lower grade children (provided their presence would not be detrimental to the interests of the other children) in the schools and classes established by them for higher grade defective and for retarded children. There is every reason to anticipate that in large numbers of areas the Local Education Authority, having already provided for the lower grade children up to the age of 11, will be willing to continue the provision after that age. It is assumed that the Local M.D. Authority would have the right of access to any school, class or centre, provided by the Local Education Authority, where lower grade children were being taught or trained and that similar facilities would be afforded to the Local Education Authority to visit centres provided by the other Authority and attended by children for whom the Local Education Authority were still responsible.

Whatever arrangement may be adopted in a particular area, the majority of the Committee feel sure that a system which leaves it to the responsible Authorities to determine by mutual agreement in what way the provision can best be made, having regard to the particular circumstances of the area, will in the long run prove to work smoothly and will undoubtedly be more economical than any other system.

128. *Notification of children over the age of* 11 *to the Local M.D. Authority.*—It is clear that certain children who are regarded at the age of 11 or 12 as fit to remain in the educational system and within the sphere of the Local Education Authority may subsequently exhibit or develop tendencies which render their continued retention in school undesirable or their transfer to a certified institution essential. While, therefore, we recommend that the principal general survey of retarded and defective children should be held between the ages of 11 and 12, we consider that Local Education Authorities should keep under their observation those retarded children for whom they remain responsible, with a view to notifying to the Local M.D. Authority any child who is in need of care or control under the Mental Deficiency Acts, or whose presence in the schools is detrimental to the interests of the other children. It should be open to the Local Education Authority to notify such children at any period throughout their school career, and Authorities should take adequate steps to see that no child who is in need of statutory care or control passes out of their hands on leaving school, without provision having been made to secure his supervision by notification to the Local M.D. Authority. Where a child is notified as a result of the general survey or subsequently, the responsibilty for dealing with him thereafter should rest wholly with the Local

M.D. Authority, though, as suggested above, the Education Authority should have power to provide for his education or training in return for payment by that Authority.

(3) SUGGESTED NEW AGE LIMITS (5–15) FOR COMPULSORY SCHOOL ATTENDANCE FOR DEFECTIVE CHILDREN.

129. We have, so far, confined our discussion to those children who fall within the present age limits for compulsory attendance at Special Schools ; that is, children between 7 and 16. We see no reason however why any differentiation should be made in this respect between the children with whom we are now concerned and less retarded and normal children. It is true that mental defect, except in the case of lower grade children, is difficult to diagnose and is often not recognised before the age of 7, and it is also true that many mentally defective children gain much during their last year at Special Schools. But we understand from recent pronouncements by the Board of Education that it is probable that within the near future the upper age-limit of compulsory attendance at ordinary Public Elementary Schools will be raised throughout the country from 14 to 15, and we suggest that the same age limits, broadly 5–15, should apply also in the case of mentally defective children (whether attending Day or Residential Schools) who will then have the same limits of school age as normal children.

130. As regards the upper limit, we are not convinced that the reasons for retaining mentally defective children in Special Schools up to 16 are sufficiently strong to counterbalance the disadvantages of differentiating in this respect between them and other retarded children, provided that the safeguard we have suggested earlier is observed, namely, that no child who is in need of statutory care, supervision, or control passes out of the sphere of the Local Education Authority without being notified to the Local M.D. Authority. At the same time we fully realise that much of the best trade and character training in Special Schools is given during the last few years of school life, and we would strongly deprecate any proposal to allow seriously retarded children to leave school at the end of the term in which they attain the age of 14. If the school leaving age is raised generally to 15, we should not consider it necessary or desirable to compel mentally defective children to remain at school any longer than other children, though their continued attendance up to 16 should certainly be allowed, and, when necessary, encouraged. The retention at school of defective children up to 15 is an integral part of our whole scheme, without which it would fail in its object of securing balance and stability in the child of the type who now attends Special Schools for elder boys and girls. We do not, however, anticipate that any difficulty need arise in this connection, since as stated above there is a prospect of the age for leaving Public Elementary Schools being raised to 15 in the comparatively near future, and we assume that this raising of the age will apply to all types of post-primary school.

B. Mentally Defective Children of School Age who require Residential or Institutional Treatment.

131. We have so far been concerned only with those children who can attend a day school or centre. We will now turn to those who, for whatever reason, require residential care. These children fall broadly into two groups.

First, there are the children of very low grade, those whose presence would seriously interfere with the education or training of the other children, those who are in moral danger, children guilty of repeated delinquency, those suffering from temperamental abnormalities—in a word children who are in need of care or control under the Mental Deficiency Acts and cannot receive the care they require except in certified institutions. The second group will consist of those of medium or even of high grade who, because there is no suitable Day School or Centre within reach of their home, have to be sent to a Residential School if they are to receive any education, those who have no homes of their own and for whom no suitable arrangement for guardianship or boarding-out can be made, and those living in unsatisfactory homes exposed to bad influences and inadequately controlled by their parents. The first group are in the main personally unfitted for Day School education ; the second group for external reasons cannot be taught in Day Schools. The former will naturally fall to the Local M.D. Authority to deal with and the latter to the Local Education Authority.

132. Inasmuch, however, as the large majority of these children will be likely to require colony care and training for some time after they have ceased to be of school age and as the majority of them will have to be notified to the Local M.D. Authority as being in need of care and control under the Mental Deficiency Acts, we recommend that the responsibility for providing such residential or institutional accommodation as may be required should rest with the Local M.D. Authority, who already possess the organisation and machinery for, and in many cases have experience in, conducting these institutions.

Some of these children however will have been notified on social rather than on educational grounds, and will be of sufficiently high grade to be capable of deriving benefit from suitable forms of education ; and it will therefore devolve on the Local M.D. Authority to adapt the organisation and curriculum of the Residential Institutions to the varying grades of defectives accommodated. If, as is now generally the case, the institutions are conducted on these lines and provide suitable forms of education and training, there is no reason why they should not receive in addition to notified children others who have not been notified as being in need of care and control under the Mental Deficiency Act. Indeed, many of the best Residential Institutions have for years past received children both from the Local Education

Authority and from the Local M.D. Authority without encountering any difficulty in organisation and administration or any opposition on the part of parents or guardians, To meet the case of this last group of non-notified children who will for the most part be those living in rural areas, we suggest that Local Education Authorities should be empowered to send to these institutions children for whom they are responsible, but for whom they consider that residential treatment is essential, and that the Local M.D. Authority should be empowered to receive these children into their institutions in return for payment by the Local Education Authority.

Though, for the reasons stated above, we believe that, in practice, Boarding Schools for feeble-minded children will usually rightly form part of the provision of a colony, there may well be a place also for provision by a Local Education Authority, or a combination of Local Education Authorities, of boarding schools for higher grade children for whom it seems improbable that colony life will eventually be required. On educational, social and other grounds there can be no doubt as to the benefit many of these high grade children would receive if afforded the opportunity of attendance at a boarding school, especially those from the most sparsely populated areas where the provision of suitable facilities for day school education are in large measure impracticable.

133. There are, of course, also a number of voluntary residential schools and institutions, some certified by the Board of Control, some by the Board of Education and some by both Departments. These last admit defectives under both the Mental Deficiency and Education Acts. We hope that these schools and institutions will continue to carry on the valuable work they are doing for the various types and grades of defectives, and we see no reason why they should not continue to admit children falling within the purview of either or both Authorities, though in so far as they cater for children for whom the Local Education Authority are responsible, they will cease to be certified* by the Board of Education as Special Schools and will be recognised by that Department as voluntary Boarding Schools for certain types of retarded children. All Residential Schools or Institutions which admit children under both Acts should continue to be open to inspection by both Departments.

Whatever form the boarding school provision may take the general principles of educational organisation that we have advocated in the case of day schools should be observed. There should be proper classification of the children, the lower grade being taught separately from the higher, there should be a definite educational break at the age of 11 and the normal age for compulsory school attendance should extend from 5 to 15. The fact that the school or institution will usually contain both high and low grade children should not imply that these two groups should be

* *See* para. 139.

trained or taught together or be in any way associated in their daily life ; on the other hand full advantage should be taken of the fact that the school forms part of a Colony and full use made for the benefit of the higher grade children of the facilities—craftsmen, workshops, gardens, farm land, etc.—possessed by the colony for the training of older and lower grade defectives.

134. *Need of residential treatment in itself no reason for notification.* —The standards upon which it should be determined whether the responsibility for a child, whether under or over 11 years of age, should rest with the Local Education Authority or be transferred to the Local M.D. Authority, are fully discussed in the following chapter. We need only add here that we consider that the same standards for notification should hold good whether the child attends a Day School or is sent to a Residential Institution, and that the liability of a child for notification should be unaffected by the fact that there is or is not a day school which he could attend. A child who could properly attend a day school, if there were one within reasonable distance of his home, should remain within the purview of the Local Education Authority who, in the absence of such a day school, would have the responsibility of sending him to a suitable residential school or institution. The cost of providing for his education and maintenance would rest with the Local Education Authority, whether the child attended a boarding school provided by that Authority or by some other Local Education Authority, or a residential school or institution provided by a Local M.D. Authority or by a voluntary body. On the other hand the cost of providing for the maintenance, education and training of all notified children at residential institutions would fall on the Local M.D. Authority.

Moreover since residential institutions should, we believe, normally be provided by the Mental Deficiency Authority, our recommendation that Local Education Authorities should have the duty of providing facilities for the training of notified children under 11 in day schools or centres should not apply to those requiring institutional care, and we do not consider that these Authorities should have any duty to make residential provision for notified children whether over or under 11 years of age, though we see no reason why they should not, if so requested, admit suitable notified children to boarding schools provided by them in return for payment by the Local M.D. Authority.

C. Mentally Defective Children under School Age.

135. The Local Education Authority for Elementary Education are required, broadly speaking, to provide for the education of all children over 5 years of age. Younger children are admitted to Public Elementary Schools in many areas, but we may take it that the normal age of admission to these schools is about 5 years, which is the age at which compulsory school attendance begins.

The responsibility for the education of those retarded children between the ages of 5 and 7, who can be taught in ordinary Public Elementary Schools, rests with the Local Education Authority, but this Authority have at present no duty to make provision for the education of a mentally defective child in a Special School, and no power to notify a child to the Local M.D. Authority, until it has attained the age of 7. Similarly parents of mentally defective children are under no obligation to send their children to such a school until that age.

The Local M.D. Authority are responsible for children under the age of 7 who are defective within the meaning of the Mental Deficiency Acts and are subject to be dealt with under those Acts though for various reasons it may be assumed that the majority of the children under 7 for whom these Authorities make provision are the very low grade children, that is those who can be certified as idiots and possibly a few of those who, though of slightly higher grade, have been definitely diagnosed at this early stage as imbeciles.

136. We do not wish to suggest any general modification in the allocation of responsibility for these younger children as between the two Authorities, but as already indicated we propose that the age at which a parent should be required to cause his child to receive efficient elementary instruction, and a Local Education Authority should be under an obligation to provide that instruction, should be the same for all children, whether it be the age of 5, or such other age as may be provided for under local bye-laws or otherwise. As a corollary of this, we consider that it should be open to the Local Education Authority to notify to the Local M.D. Authority any mentally defective children who have attained the age at which they are required to attend school, provided that it is clear that the children are in immediate need of care and control under the Mental Deficiency Acts. In practice the number of children to be notified under the age of 7 will no doubt be extremely small; they will be confined for the most part to those who can be described as idiots or low-grade imbeciles, and to those who show marked emotional instability and will include few, if any, children other than those who under the present law become subject to be dealt with under those Acts. Small though the numbers may be however we think it desirable that the responsibility for notifying these children should be placed upon the Authority which provides for the education of all young children, and thus has facilities not possessed by the Local M.D. Authorities for discovering which of these children are in real and urgent need of the protection afforded by the Mental Deficiency Acts. If and so far as a child thus notified is able to consort with other children and to attend a day school or class for infants, the provision for its education should be made by the Local Education Authority, though the Local M.D. Authority would be responsible for its supervision and care, and, as we have already recommended in the case of children over 7, should repay

to the Education Authority the cost of its education. Many of these children however will require institutional care and will thus fall wholly within the province of the Local M.D. Authority.

137. We would, further, suggest that the Maternity and Child Welfare Authority, who are in the main responsible for the care of children not yet admitted to school should be encouraged to utilise the facilities they possess for ascertaining such of these children as appear to be mentally defective and for bringing their names to the notice of the Local Education or M.D. Authority. The Local Education Authority will then be in a position to cause each of these children to be medically examined as soon as it reaches the age for admission to school, with a view to considering whether it requires special educational provision or is suitable for notification ; and the Local M.D. Authority will be afforded an opportunity of considering whether any of these children are defective within the meaning of the Mental Deficiency Acts and are in immediate need of care and control under those Acts. Some such general arrangements for co-operation between the several Authorities concerned will go far to fill the gap which now exists owing to the Local M.D. Authorities' lack of effective power or machinery for the ascertainment of very young defectives.

III. Consequential changes in Statutory Provisions and Administration.

There remain some questions of administration and procedure to be discussed.

A. Certification for purposes of Section 55 of the Education Act, 1921.

138. Under the present law it is the duty of the Local Education Authority to " ascertain " and to " certify " all mentally defective children in their area, and no child can be sent to a Special School unless he has been " certified " as mentally defective. It is notorious that this " certificate " has been the cause of much heart-searching in the past. It is greatly resented by some parents and may form a handicap to the child when it leaves the Special School and tries to resume a normal life. There is reason to believe that in some areas Local Education Authorities and their Certifying Officers have refrained from certifying mentally defective children solely on the ground of the supposed hardship caused by the certificate. The child in such a case is deprived of the training in the Special School which it badly needs, because the responsible Authority feels that this deprivation is a lesser hardship than certification. This is a really serious objection to the present arrangements and one which in any case calls for early redress.

139. It will of course be said at once that if the Section in the Education Act which requires the certificate to be given be repealed, the Local Education Authority will have no power either to compel a

mentally defective child to attend a Special School or to enforce its attendance up to the age of 16. Does this, it will be asked, mean the abolition of Special Schools? Certainly not. We are much too impressed with the admirable work of the Special Schools to countenance any recommendations that would interfere with their development. We should expect that, were the policy we recommend for the classification of all retarded* children in a single educational unit adopted, the substance of the Special Schools would remain intact while their numbers and scope would materially increase. We do however contemplate that these schools would exist with a different legal sanction, under a different system of nomenclature and under different administrative provisions. If the majority of the children for whom these schools for retarded children are intended are, *ex hypothesi*, to lead the lives of ordinary citizens, with no shadow of a "certificate" and all that it implies to handicap their careers, the schools must be brought into closer relation with the Public Elementary School system and presented to parents not as something both distinct and humiliating, but as a helpful variation of the ordinary school. There has no doubt existed in the past an unwillingness to mix children suffering from the different degrees of retardation, not solely because it was thought inadvisable to teach them together, but mainly because it was considered unfair to children who were only dull or backward to compel them to associate with children who had been formally certified and were officially labelled as feeble-minded. These objections would to some extent disappear if the necessity of certification were removed. The Special School or Class, retaining all its beneficent activities, its specialised methods of individual approach to children with varying degrees of mental retardation or defect, its elastic and varied curriculum, its freedom from examination, would continue under a new name as a particular type of Public Elementary School, offering educational opportunities to all children unable to derive full benefit from the education provided in the ordinary schools, using this expression in a wider sense than that which it bears in the Education Act. So far from this resulting in the abolition of the Special School in the true sense of the term, that is to say a school in which special methods of education are employed suitable to the needs of particular children or groups of children, it necessarily follows from our recommendations that the numbers of schools and classes of this type and the numbers of children attending them will largely increase. The grouping of the children would no longer depend upon their certification or non-certification, but would be based solely on their innate capacity and

* In this term we include not only those children now known as dull or backward, but also many, if not most, of those who are now certifiable as mentally defective under Section 55 of the Education Act, 1921, or as feeble-minded under Section 1 of the Mental Deficiency Act, 1927, and we exclude only those feeble-minded and lower grade children who are notifiable to the Local M.D. Authority.

educational attainments. There might well be—particularly in large towns—various grades of schools for retarded children; in some areas the Special Schools might continue in the main as at present, in others they might develop into separate schools or classes for older or younger, less or more retarded children. In areas where no Special Schools or classes for retarded children exist the mere fact that there would no longer be the barrier of the certificate separating one group of retarded children from another would often make it possible to start classes for them all. In any case there would be far greater elasticity; each child would have a better chance of obtaining the type of education best suited to its needs, and the more retarded child would have the opportunity of associating with other children of its own age in some sides of school life and some forms of work while receiving special instruction in other subjects.

Under such a scheme there should be no difficulty in allotting retarded children to their appropriate classes, nor as we shall endeavour to show below* in securing their attendance at them by means of the ordinary procedure for making children go to school, particularly when it is remembered that in future the age limit for compulsory attendance at school will, if our recommendations are adopted, be the same for all children whether normal or retarded.

140. In order to secure the elasticity that we consider essential and to make it easier for Local Education Authorities to provide every child with the particular type or grade of education best suited to its needs we recommend

(i) that Local Education Authorities should be relieved of the duty of "ascertaining" and "certifying" children as mentally defective so far as such ascertainment and certification merely serve as a necessary preliminary to providing these children with the type of education they require; and

(ii) that the Board of Education should no longer "certify" as Special Schools the schools in which that education is given.

In recommending the abolition of "ascertainment" we are using the word in the technical sense in which it is used in Section 55 (1) of the Education Act, 1921, and must not of course be taken as suggesting that it will no longer be necessary for Local Education Authorities to discover those children who require special forms of teaching and a modified curriculum or to devote as much time as before to the medical and psychological investigation of these cases. Indeed, the need of proper educational classification and the importance of keeping all seriously retarded children under careful and

* Paragraph 141.

continuous medical supervision, such as now obtains in the case of children attending Special Schools, will not be diminished and may well be enhanced by our proposal.

Moreover, the Local Education Authority will still be responsible for the notification to the Local M.D. Authority of children who are defective within the meaning of the Mental Deficiency Acts. The abolition of certification for the purposes of Section 55 of the Education Act, 1921, will go far to remove the ambiguity, to which we have referred in Chapter III,* between the conception of " mentally defective " under the Education Act and " feeble-minded " as applied to children under the Mental Deficiency Acts. Even so however some obscurity will still remain in Section I (c) of the Mental Deficiency Act, 1927, and in order to remove this we recommend that the Section should be so amended as to make it clear that the criteria applicable to feeble-minded adults apply also to feeble-minded children, that is to say, that by reason of mental defect they are in need of care, supervision and control.

B. Enforcement of Attendance at Suitable Schools.

141. If the certification of children for the purposes of the Education Act be abolished, how, it may be asked, will it be possible to enforce the attendance of what are now described as mentally defective children at the particular schools which are best suited to their needs ? This question we have considered with great care. If, as we have suggested above, Local Education Authorities are already tending to make increased and better provision for retarded children as a whole and if, as we recommend, this practice is universally adopted, we have very little doubt that most parents will be only too ready to avail themselves of the opportunity of securing the most appropriate education for their children. There is little or no difficulty in securing the attendance of the brighter children at Secondary or selective senior schools, because parents realise that these schools provide just the kind of education they wish their children to obtain. We believe that if education for retarded children is generally organised, as it is already in some areas, in such a way as to make parents realise its value and appreciate its results, there will be no need of compulsory powers except for isolated cases. We should greatly prefer to see compulsion abolished and the schools for retarded children, where necessary, reformed and improved until the demand for admission to them outstrips the supply. We see no reason why this stage should not be reached in the near future and when it is reached we anticipate that parents will be glad not only to let their children attend these schools, but in many cases to keep them at school beyond the normal leaving age.

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* Paragraph 31.

There will still remain, however, certain cases in which parents will object to sending their children to particular schools. So far as the lower grade children are concerned no great difficulty should arise, since all these children will have been notified to the Local M.D. Authority and as already stated we assume that that Authority, if they do not already possess the power, will be enabled by legislation to require the attendance of particular children at particular schools or centres. Similarly, in those rural areas where the establishment of separate schools for younger retarded children would be impracticable, no difficulties would arise. It could only be in towns and more thickly populated districts, where separate provision was made for these children, that parents would be likely to object to the removal of their children from one school to another. We are inclined to think that, though persuasion will suffice in almost all cases, the Local Education Authority should retain some general power in the last resort to require a child to attend the particular type of school which is best suited to its educational requirements.

C. Certification as a Preliminary to Notification under Section 2 (2) of the Mental Deficiency Act, 1913, as amended.

142. While advocating the abolition of certification for purposes of education, we consider that the duty of "ascertaining" and "certifying" children as mentally defective for the purposes of notification under the Mental Deficiency Acts should remain. The real objections to certification, where regarded solely as a necessary preliminary to providing a child with the sort of education he requires, cease to hold good when the object of certification is to transfer the responsibility for the child from one Authority to another, when its purpose is to ensure that he shall be placed under proper care or control and when its result may be a curtailment of the child's freedom not only in his own interest, but in that of the community. We are, of course, aware that even when a child has been notified and has thus become subject to be dealt with under the Mental Deficiency Act, the Local Authority cannot place him under guardianship or send him to an institution until the legal procedure laid down in Section 6 of the Mental Deficiency Act, 1913, has been complied with, and it may be contended that these requirements, involving as they do the presenting of a petition accompanied by two medical certificates to the Judicial Authority and the making of an Order by that Authority, are in themselves sufficient safeguards. We do not accept this contention. We consider that a certificate by the Local Education Authority's Medical Officer that the child is mentally deficient, that is to say is, in the Medical Officer's opinion, by reason of mental defectiveness in need of care and control under the Mental Deficiency Acts, is essential for two reasons: first, because it will be a safeguard against the improper transference of responsibility from one Authority to another; and secondly,

because it is only right to take all possible steps to ensure that the Local M.D. Authority shall be in possession of the fullest information in regard to the child before deciding on action which may impose restrictions on his liberty. The Medical Officer of the Local Education Authority should be qualified in mental deficiency and should in our view continue to be specially approved by the Board of Education for this purpose. It should be the duty of the Authority to provide him with every opportunity of examining the child, and of satisfying himself as to all the facts both in this way and by calling for reports from teachers and others familiar with the child and his home conditions. Moreover, if our earlier recommendation is adopted, that all retarded children be kept under regular medical supervision such as now obtains in Special Schools, the Medical Officer of the Local Education Authority will have had ample opportunity of observing the child and forming an accurate opinion as to his mental condition. His certificate should only be given after he has sifted all available information and it should, therefore, be a document to which great weight must necessarily be attached. The retention of the statutory requirement that the duty of ascertainment and certification of children as a preliminary to notification should rest with the Local Education Authority will ensure that the children are presented for medical examination under the best possible conditions. We think it would be unfair to the child, to the Education and to the Mental Deficiency Authority to forego the advantages and safeguards which this certificate will afford.

143. We recommend moreover that the Local Education Authority's duty to ascertain and certify mentally defective children for purposes of notification should no longer be restricted to children between the ages of 7 and 16, or, as in certain circumstances is now the case, to children actually attending Special Schools, but should be extended so as to apply in the case of all children within the ages of compulsory school attendance, whether those children are actually attending school or not.

There may of course be cases in which the Local Education Authority feel some doubt as to whether a child is mentally defective or in which there is a difference of opinion between the two Authorities concerned. As a general rule we believe that the Authorities will be content to leave these cases to the judgment of an independent mental expert and to abide by his decision, and that it will only in the last resort and in the most difficult cases be necessary to refer the matter to the Government Department for determination. Where it is a question of doubt in the mind of the Local Education Authority the case should be referred to the Board of Education ; where however there is a difference of opinion between the two Authorities we recommend that reference should be made to the Board of Control who should consult the Board of Education before issuing their decision.

IV. Children at present within the province of other Authorities.

A. Mentally Defective Children under the Poor Law.

144. In a previous Chapter of this Report we have set out very briefly the position of mental defectives who come within the provisions of the Poor Law and fall to be dealt with by Guardians*. We will discuss the position of adults later† and will here confine ourselves to the children. From the account we have given three points stand out in special prominence. The first is that if the findings of our investigation in the selected areas can be applied in this respect to the country generally, as we think they may, there are at the present time more than twice as many feeble-minded children in Poor Law Institutions and Cottage Homes or boarded out by the Guardians as there are in Residential Special Schools maintained by Local Education Authorities or voluntary bodies. The second is that the defective children who fall under the Poor Law are in many cases deprived of the advantages afforded by the Education Act and debarred from the safeguards and protection provided by the Mental Deficiency Acts. The third is that Guardians are primarily concerned to deal with defectives as paupers and not as children requiring special care on account of their mental condition, and that they have as a rule (with some notable exceptions) no facilities for providing suitable education or even appropriate care for these children.

These three facts taken together furnish in our opinion cumulative and convincing arguments in favour of a speedy and drastic change in the law relating to defective children who fall under the Poor Law. We must expressly guard ourselves from appearing to suggest that Guardians as a whole have not treated the defectives for whom they are responsible with such care as has been possible with the means at their disposal. We have made no inquiry into the matter and make no statement one way or another. But we are quite clear that as a matter of principle it is as wrong as it is anomalous that while careful, almost meticulous, safeguards have been provided by statute to protect the individual and the community in the case of non-Poor Law defective children, no one of these safeguards extends to the case of those under the Poor Law. We would venture to suggest that in any legislation‡ dealing with the reform of the Poor Law the question should be considered of ensuring that no distinction in the administrative arrangements for the ascertainment, education and care of children should be made on the ground of poverty, that every provision of the Education and Mental Deficiency Acts should, where relevant, be made to apply to defective children now under

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* Chapter III, paras. 50 and 51.

† Part III.

‡ The Local Government Act will go some way towards meeting the situation.

the Poor Law, and that the principles we have advocated in this Chapter should extend to these as to other defective and retarded children. Every care should be taken in ascertaining them, in providing them with suitable education and training and in putting them where necessary under certificate. The question whether the financial responsibility for dealing with these, as with other children in their appropriate spheres, should be transferred to the Local Education and M.D. Authorities or should continue to rest with the Authorities who in future will exercise the other functions of Poor Law Guardians is outside our purview and on this question we accordingly make no recommendation.

B. Mentally Defective Children in Home Office Schools.

145. We have described in Chapter III the procedure provided by the Children Act, 1908, and by the Mental Deficiency Act, 1913, with regard to the care of mentally defective children attending reformatory and industrial schools. The legal and administrative provisions to which we have there referred would appear *prima facie* to supply adequate safeguards such as would ensure that all mentally defective children and young persons attending Home Office Schools would be discovered and suitably dealt with. It must however be remembered that so far as ascertainment and notification are concerned these children are removed from the purview of the Local Education Authority and from that of the Local M.D. Authority (except in certain specified circumstances) and are dealt with at the Order of the Secretary of State or by the Court, and that those responsible for dealing with these delinquent children and young persons have not at their disposal the administrative machinery nor the expert staff possessed or employed by the Local Education Authority. It would not be surprising therefore if a certain proportion of mentally defective children were to pass through the schools and be discharged without their defect having been discovered. It has indeed come to our notice that there is some leakage and that an appreciable, though no doubt relatively small, number of children who have been educated in reformatory and industrial schools for normal children are brought to the notice of the Local M.D Authority within a comparatively short period after their discharge as having fallen into crime or failed in social adjustment and as requiring care and control under the Mental Deficiency Acts, while in some few cases children who have been discharged from the special reformatory or industrial schools subsequently get into trouble and have to be sent to a certified institution under these Acts.

146. In order to reduce this leakage, which may of course have disastrous consequences to the individual and to the community, to a minimum, we would suggest that early consideration should be given to the question of putting into operation, if and in so far as these have not already been implemented, certain of the recommendations made by the Departmental Committee on the Treatment of Young

Offenders.* In the first place we feel sure that it would be of great assistance to the Court to have before it in every instance full reports from the Local Education Authority as to the child's or young person's family history and home circumstances, as to his school record, educational attainments, medical history and mental capacity, and we would further suggest that the practice already adopted in some areas of asking for a special report on the child's mental condition by the Certifying Officer either of the Local Education or M.D. Authority, as the case may be, might be advantageously adopted in all cases in which the ordinary medical and educational reports give *prima facie* indication of mental retardation or defect. Such a report, by a Medical Officer with special experience of and qualifications for the examination of children for mental deficiency, is in our view particularly desirable in the case of young persons brought before the Juvenile Courts in view of the close association between crime or delinquency and mental defect. The general adoption of this practice would ensure that the same standards in the diagnosis of mental deficiency would be applied to juvenile offenders as to all the other children who pass through the hands of the Local Education Authority ; it would go far to prevent the possibility of a young defective being committed to an ordinary certified industrial or reformatory school; and it would render far less likely the subsequent discharge of any person who was in need of care and control under the Mental Deficiency Acts.

Similar precautions should be taken, as suggested by the Departmental Committee, in the case of young offenders on remand in custody or on bail.

147. We have already recommended that, in association with the general review at the age of 11 of all children attending Public Elementary Schools, those children who are mentally retarded should be subjected to a special examination, psychological and medical, with a view to determining first what form of post-primary education they require, and secondly which of them are in need of care and control and should be certified as mentally defective and notified to the Local M.D. Authority; and we have further recommended that all retarded children in these schools should be kept under special medical supervision throughout their school career with the object of securing that any child may be so notified as soon as it becomes clear that he needs care and control under the Mental Deficiency Acts. It appears to us that a similar survey of children attending Home Office Schools might advantageously be held on admission and that similar medical supervision should be exercised over these children so long as they remain at the school. The value of such a procedure would be enhanced and general agreement facilitated if arrangements were made for the medical examination

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* *See* particularly pages 34-35, 43, 72–73 and 113–114 of the Report of this Committee (Cmd. 2831) which was presented to Parliament in March, 1927.

and supervision to be carried out by or in association with the specialist staff of the Local Education Authority and in particular if, in the case of all children showing signs of mental retardation, the Certifying Medical Officer of that Authority were called in in consultation for their special examination for conditions of mental deficiency. We believe that the school authorities would welcome such a scheme, and that the Local Education Authorities would be pleased to place at the disposal of the schools the experience of their specialist and other officers.

V.—Conclusion.

148. Owing to the complexity of the problems discussed in this Chapter we have felt bound to state in considerable detail the possible alternatives and the arguments for and against them. For purposes of convenience we have included in Chapter IX a full summary of the conclusions we have reached and the recommendations we make. We will only add here that though we have given no estimate of the expenditure that would be required to carry out the scheme we recommend, we have satisfied ourselves that it is financially practicable, and that its cost would be considerably less than that of putting the existing legal and administrative arrangements into full operation.

CHAPTER VIII.

APPLICATION OF THE COMMITTEE'S SCHEME WITH REGARD TO CHILDREN SUITABLE FOR DAY SCHOOLS OR CENTRES, AND THE PROBLEMS WHICH IT PRESENTS.

149. Having described in the preceding Chapter the general scheme which we recommend in regard to the allocation of responsibility for subnormal children between Local Education and M.D. Authorities and in regard to the education and training of the groups of children for whom each Authority would be responsible, we must now proceed to consider in some detail the manner in which this scheme can be applied in areas of different types and sizes, and to indicate some of the special educational problems which it presents.

The scheme we propose involves to some extent a fresh orientation in our conceptions and a fresh terminology. We are no longer concerned only with children who have been actually certified as mentally defective under Section 55 of the Education Act, 1921—indeed we contemplate the abolition of such certification ; as already indicated we have in mind also all those other children of similar grade and educational capacity who, according to the findings of our investigation, are properly certifiable under that Section, and further the still larger group of dull or backward children. For the purposes of this chapter we propose to use the term " retarded "* as applying to all these children, and to confine the term " mentally defective " to those children, whether feeble-minded, imbecile, or idiot, who have been notified by the Local Education Authority to the Local M.D. Authority as " ineducable " in the sense in which that term is used in the preceding Chapter,† or as in immediate need of care and control under the Mental Deficiency Acts.

The principal object we have had in view in formulating the scheme set out in the preceding Chapter has been to secure better educational facilities for this comparatively large group of children for whom, under the present system, little special provision has been or could be made. But at the same time, we have aimed at facilitating provision for the training of the smaller group of lower grade children, whose presence in the ordinary or Special Schools has been a hindrance to the education of those of higher grade. This latter problem is of narrower scope, but it is one which by reason of the small number of children concerned presents peculiar difficulties.

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* This group of " retarded " children will of course contain a certain number of children who are mentally defective in the sense in which that term is used in the Mental Deficiency Acts, i.e. incapable of independent social adaptation, and who will subsequently require to be notified to the Local M.D. Authority.

† Chapter VII, paras. 117, 118 and 122.

The following discussion of the detailed working of our scheme in the light of the findings of our investigation and of the extent to which it can be generally applied throughout the country will relate to both these groups.

Our proposals are we believe in conformity with the general trend of events in the educational world since they centre upon the educational break at about the age of 11 and the reorganisation of education for the post-primary school child, and they contemplate that the normal age range for compulsory school attendance will in future extend generally from 5 to 15. In discussing the application of our scheme, we will accordingly deal separately with junior and senior pupils, applying the term junior to children between 5 and 11 years of age and senior to those between 11 and 15. We will further divide these children into the two groups already mentioned, namely, the " mentally defective "—mostly lower grade—children, and the " retarded " children.

We propose to deal with our subject under four main heads :—

I. The detailed working of the scheme in areas of different types and sizes ;

II. The standards to be observed for the administrative disposal of children.

III. Description of that part of the group of " retarded " children which is known as the " dull or backward " group.

IV. The educational problem of the retarded child.

I.—Detailed working of the Scheme*.

150. In the following pages we propose to describe the general educational organisation that we contemplate for the older and younger children in these two groups, to estimate the total numbers of children falling into each of the groups and their subdivisions and to indicate the form of provision which will be practicable in areas of different types and sizes. The first part of our discussion will relate to the country generally, and we shall consider later the particular form in which our scheme can be applied to the largest towns. Our estimates of numbers are in the main based upon the findings of our investigation, but as this was confined to children who could be regarded as certifiable under the Mental Deficiency and Education Acts, we have co-ordinated these findings so far as the higher grade children are concerned with those of previous investigations made by Professor Cyril Burt, in order that we might deal with the whole range of educationally retarded children for whom special provision is required. Our estimates are necessarily based on averages and are intended to be applied to what may be termed " typical " urban and rural areas respectively.

* A diagram illustrating the general educational system contemplated for defective and retarded children is given at the end of Appendix 1.

In order to assist Local Education and M.D. Authorities in applying our scheme in the event of its being adopted to their own areas or to separate portions of those areas, we have included in an Appendix* to this Report a full and detailed statement of the methods of calculation which have been followed and of the basis on which our estimates have been framed. We have also set out at the end of that Appendix in tabular and diagrammatic form the broad conclusions we have reached with regard to the disposal of children at various schools and centres.

(1) In the Country generally.

(*a*) mentally defective children.

151. We will deal first with the mentally defective children, not because we consider their training more important than that of the educationally retarded, but rather because as already stated, the very smallness of their numbers renders the organisation of that training peculiarly difficult. Among these children we include all those who can be certified as idiots or as imbeciles, that is, broadly speaking, children with mental ratios under 50, though in the case of those over 11 years of age we shall further include most of those with mental ratios between 50 and 55 and possibly a few of those with mental ratios between 55 and 60†.

152. (i) *Junior Children.*—We estimate that there are in the whole country some 13,000 mentally defective children in the school population between the ages of 5 and 11. The financial responsibility for dealing with these children will rest with the Local M.D. Authority, but the duty of providing for the training of those who do not require institutional treatment will rest with the Local Education Authority. It is assumed that practically all the idiots and approximately half of the other children in this group will have to be sent to institutions and the total number for whom it is desirable that provision should be made by means of some sort of Day School or Centre will therefore be about 5,000. Some of these children are at present attending Occupation Centres where these have been organised ; a larger number are attending Day Special Schools ; a still larger number in the country generally are attending ordinary Elementary Schools ; while probably the largest group remain at home and receive no special training. It is

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* Appendix 1.

† Suggestions as to the criteria which should be applied in determining whether a child should be dealt with by the Local Education Authority or by the Local M.D. Authority and whether it should be trained or educated in an Occupation Centre or in a School are made in para. 163, which should be read in conjunction with Chapter 2 and Appendix B of the Investigator's Report. While the children have for the purpose of this Chapter been divided on the basis of mental ratios, since this is the only basis on which estimates of actual numbers could be made, it should be clearly understood that all the other criteria would have to be taken into account by Authorities in applying our scheme to their own areas.

proposed that in future it should be the duty of the Local Education Authority (in return for payment by the Local M.D. Authority) wherever practicable to establish centres, on the lines of existing Occupation Centres, for these younger lower grade children who, though not requiring institutional treatment, are able to derive little or no benefit from the instruction and training given in any ordinary school or in the schools now known as Special Schools, and whose presence often impedes the work of these schools.

The smallest number of children for whom a full time Occupation Centre could be provided with due regard to economy may probably be put at 20 on the roll, since the cost of staffing alone for anything less than this would be excessive. Although we consider however that it would be advantageous for Occupation Centres to remain open both morning and afternoon, we believe that for financial and other reasons the establishment of half time centres will be not uncommon. In some of the larger towns there might well be two Occupation Centres each open for half time and the two centres might have a common staff. In this event and also in cases where, as should usually be possible, the person engaged for training the children at the centre can be employed in some other way during the rest of the day, as for example on visiting defectives in their homes, giving instruction to children who cannot attend the centre, or on other suitable work, the cost of staffing the centre would be halved. We accordingly contemplate that where an enrolment of 20 children is not practicable half time centres for not less than 10 children will be established. The smallest town or urban area in which a centre even for 10 children could be established would be one with a population of some 85,000. The total population of all the towns of this size in England and Wales is nearly 17 millions. So far therefore as mere numbers are concerned, and irrespective of travelling and other difficulties, we conclude that the establishment by Local Education Authorities of Occupation Centres for younger mentally defective children would be theoretically possible in areas containing in all about 43 per cent. of the whole population of the country.

If this is the case the possibility of the Local Education Authority setting up Occupation Centres for the younger children alone will be excluded in the smaller towns and in all rural areas, and some other means of providing for the training of these children will have to be devised. Some who are quiet and well behaved may safely be allowed to attend the ordinary schools including special classes for retarded children where these have been established; some may be left at home and provided with such training as can be given by home teachers appointed by the Local M.D. Authority or by mental welfare visitors or social workers or by the staff of part time Occupation Centres in neighbouring towns; but in some cases the only practicable means of obtaining training for these children will be to send them to institutions.

153. (ii) *Senior Children.*—The number of mentally defective children, that term being used here to denote all children with mental ratios under 55, over 11 and under 15 years of age in England and Wales is estimated at nearly 20,000. Our scheme contemplates that the whole responsibility for dealing with these children should rest with the Local M.D. Authority and that that Authority should provide not only institutional care for those who require it, but also training at day centres for those who can safely be left at home. The number of this latter group may be taken as about 11,000*.

In the case of these children also it is suggested that the minimum enrolment for an Occupation Centre should be 20 if the centre is to be full time or 10 if it is only to be open for one session each day. On this basis it will be possible to establish full time centres for older children alone in towns or urban areas with a population of 80,000 or more and half time centres in towns of half this size. The population of the 137 towns of 40,000 inhabitants and upwards amounts to nearly 21 millions, and the Local M.D. Authority could therefore establish Occupation Centres for older mentally defective children in areas comprising in all about 54 per cent. of the total population of the country.

In the small towns and in rural areas provision for these older children would have to be made in some other way either by absorbing them into the Industrial and Handicraft Centres which the Local M.D. Authority may establish for defectives over school age (though the training and employment of older children with adults is open to objection), by providing them with some home training or by sending them to institutions.

154. (iii) *Junior and Senior Children together.*—While we consider that the general principle of our scheme is fundamentally sound, namely that the Local M.D. Authority should be responsible for all mentally defective children of whatever age and at the same time that the Local Education Authority, in return for payment by the former Authority, should have the duty of providing training facilities for the younger, but only the power of making this provision for the older of these children, we believe that in practice it will be found to be the most convenient course, in all but the largest towns, for the Local Education Authority, who under our scheme will already have provided training facilities for the younger children, to extend their provision to the older children also. If both Authorities confine themselves to their proposed statutory duties only, some 60 per cent. of the younger children and 50 per cent. of the older children in the country will fail to obtain the benefits of Occupation Centre training. If, on the other hand, the Local Education Authority are willing to exercise their powers of providing

* This estimate is based on the assumption that all the idiots, one half of the imbeciles and one fifth of the feeble-minded children included in the 20,000 older mentally defective children will be sent to institutions. For detailed calculations *see* Appendix 1.

for the older children, the proportion of children who will be able to receive this training will be appreciably increased. We estimate that where the training facilities for all the children are provided by a single Authority it should be practicable to establish full time centres in towns with from 50,000 to 60,000 inhabitants and half time centres in those with a population of from 25,000 to 30,000, while part time centres might be practicable in a few rural areas containing a small town, with a total population of some 16,000* There are no less than 323 towns with 25,000 inhabitants and upwards and the total population of these towns is 23,700,000, that is approximately 60 per cent. of the population of England and Wales. While the large majority of the Committee feel convinced that it would not be advisable to place an obligation on Local Education Authorities to make the provision for older children, they believe that practical considerations will often in fact lead to agreements being reached between the two Authorities whereby the Education Authority will provide training facilities for all the children in those areas where separate provision for older and younger children is not possible†.

155. We have so far confined ourselves to the consideration of the problem of the younger mentally defective children with a mental ratio of under 50, and the older children with a mental ratio under 55. We are doubtful whether the inclusion in these Centres of older children with still higher mental ratios would be found desirable as a general rule ; provided however that all children of objectionable habits or behaviour were rigidly excluded and were either left at home or sent to institutions, we should see no objection to the admission of some older children with mental ratios up to 60 in those areas (particularly the small towns and certain rural or semi-rural districts which contain a small town or urban centre), where the numbers of children would otherwise be insufficient to justify the establishment of an Occupation Centre. It is a matter in these areas for consideration by the Local Authorities concerned and we do not wish to make any recommendation on the subject. We need only say that we estimate that, if these children were included, full time centres for older children only could probably be set up in urban areas containing a population of some 46,000, and in rural‡ areas with some 25,000 inhabitants, and half time centres in areas with half these populations ; while full time centres taking children of all ages would be practicable in towns of say 35,000 and rural‡ areas of say 20,000 inhabitants and half time centres in areas of half these sizes.

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* The incidence of mental deficiency in respect of children in rural areas was, as already stated, found by our investigation to be practically twice as high as in urban areas. For a full explanation of the calculations *see* Appendix 1.

† *See* discussion in paras. 120–127 in Chapter VII.

‡ *See* first note on this page and also Appendix 1. This calculation does not take account of distances and transport facilities, on which the possibility of conducting centres in rural areas would largely depend.

It should be repeated that in making the above calculations we have assumed that one half of the total number of imbecile children will be sent to institutions, since it was found in our investigations that almost exactly this proportion of the imbecile children ascertained were, in fact, definitely in need of institutional care. The present shortage of institutional accommodation, however, will clearly make it impossible for Local Authorities to send all these children to institutions for some years to come, and it may well be found that for the time being the only way in which these Authorities can make any provision for them will be by means of Occupation Centres.

(*b*) RETARDED CHILDREN.

156. The children whom we describe as retarded will, broadly speaking, have mental ratios between 50 or 55 and 80. As we are now considering day school accommodation only, we exclude from this category for present purposes those children (probably amounting to one-fifth of those now certifiable as feeble-minded) who for various reasons should be sent to Boarding Schools or Residential Institutions, and also those under 7 years of age, since these can as a rule be fitted into the Infants' Departments or Kindergarten classes of Public Elementary Schools, provided that the classes are not too large and that special individual methods of instruction are adopted.

According to the findings of our investigation it is estimated that there would be no less than 75,000* children in the school population of England and Wales between the ages of 7 and 15 who could properly be certified as mentally defective under the Education Act, 1921, and regarded as suitable for admission to Day Special Schools. On the basis of surveys carried out by Professor Cyril Burt† it is further estimated that there are some 300,000 other children whose mental ratios range from about 65 to 80‡, children who may be regarded as requiring special educational provision similar to that required by the mentally defective and who can properly be taught with them. The problem we have to consider concerns therefore some 375,000 retarded children in all, half of whom are between the ages of 7 and 11 and half between 11 and 15.

In the largest towns considerable numbers of the mentally defective children are at present in attendance at Day Special Schools, and it is the unanimous opinion of the Committee that the development of this type of educational provision offers the best

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* Table 13 figures applied to estimated school population 7–15 (less 1/5th).

† See Appendix 1 to the Committee's Report.

‡ Children with mental ratios between 80 and 85 must also be regarded as retarded children requiring some measure of special educational provision, but these could not be suitably taught in classes containing children with mental ratios below 55 or 60 according to age.

solution. Therefore, we have considered how best to arrange that this much larger group of retarded children may have the advantage of training and instruction similar to that so far restricted to children attending Special Schools; and we have made two proposals which if adopted will probably do much to ensure this. The first has already been mentioned in this Chapter, namely the removal of lower grade defectives to Occupation Centres. If this is done one of the chief factors that has hampered the growth and efficiency of Day Special Schools will be eliminated. The other proposal, namely that the children admitted to these schools need not in the future be certified as mentally defective, is of still greater importance. If this proposal be accepted we believe that it will result in suitable provision being made for far larger numbers of retarded children who are known to require more individual attention and special methods of instruction. The removal of certification will result in the advantage of Day Special School education being extended to retarded children; and this is all to the good provided the mental capacities and temperamental characteristics of the children are not too varied to allow them to be taught in the same school. Not only will the schools now described as Day Special Schools receive many more pupils, but Education Authorities who hitherto have felt that there were not sufficient children whom they could certify as mentally defective to form such a school, will no doubt adopt a different view and make special provision for retarded children. The enlargement of the scope of these schools will also enable them to be more closely associated with the ordinary elementary schools, with mutual benefit. The general method of training and instruction will develop along the lines of the best Day Special Schools of the present, but the increase in the numbers and in the variety of pupils admitted in the future will inevitably call for a new orientation in some respects. All these children will have the advantage of being no longer associated with the lower grade children, and the suggested raising of the upper limit will automatically raise the general educational attainments of the school; all the children will moreover have the stimulus of the possibility of returning to the ordinary school if they make sufficient progress.

Again we shall discuss the younger and older children separately.

157. (i) *Junior children.*—We do not contemplate that Local Education Authorities will as a rule set up separate schools or departments for the younger retarded children except in the largest towns to which we shall refer later. We rather assume that they will adopt one of the alternative methods which have been tried in some areas, as already described in a previous Chapter*. Where the numbers are very small, they may group the children within the class or separate particular children for particular subjects. Where

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* Chapter VI, para. 107.

the numbers are larger, they may group the retarded children in one or more separate classes or possibly in separate departments for the whole or part of the time, while still retaining them within the ordinary school. Now the smallest unit which can be economically grouped or efficiently taught in this way consists we believe, of not less than 20 children. This number of younger retarded children sufficiently equal in grade and capacity to be taught together will generally be found in any urban area with a population of not less than 5,700 and in most rural areas* with anything between 2,000 and 2,500 inhabitants. In larger towns two or more separate classes could be formed at a single school or in different schools, or separate schools or departments could, if thought fit, be established. If reasonable transport facilities are available the suitable grouping of younger retarded children in separate classes should accordingly be practicable, if considered desirable, in all but the more sparsely populated parts of county areas.† Again the increasing attention which will, we hope, be given in urban areas throughout the country to the problems of the mentally defective and retarded children will undoubtedly stimulate the interest of the rural teachers in these children. Moreover the general adoption of the expedient which has been tried with marked success in one or two places, that of appointing peripatetic teachers specially trained in methods of dealing with retarded children, to visit periodically the schools in a rural area will assist the teachers in these schools to deal more effectively with the retarded and defective children remaining under their care.

158. (ii) *Senior children.*—It is this group of children that is likely to benefit most by the proposal we have made, namely that retarded children should be transferred at the age of 11+ to schools or classes where they will receive education and training along lines similar to those already followed in the existing senior schools for mentally defective boys and girls in our large towns. The best achievement of these schools in the past has been not so much the proficiency of the day training given, efficient as this has been, but the general stabilising influence they have brought to bear upon defective and retarded boys and girls, and this has been achieved because teachers and social workers have taken a comprehensive view of all aspects of the children's activities, at school, at home and at recreation. The general re-organisation of post-primary education that is likely to occur in the near future, taken in conjunction with the enlarged view of the term "retarded

* These urban areas would on the average contain a school population of some 800 children between the ages of 5 and 15, and the rural areas one of about 350.

† The solution of the problem of day school provision in the scattered rural areas will in part depend upon the extent to which Local Education and M.D. Authorities avail themselves of any powers which they possess or may be given to board out retarded and defective children near suitable schools or centres.

children," that we suggest should be adopted will give Education Authorities the opportunity of making suitable provision for older retarded children in many areas where hitherto this has been impossible. This provision will be made not only for the majority of children of the grade now attending these senior day Special Schools, but also for large numbers of other retarded children who show no aptitude for the ordinary school subjects ; and these latter children can be included in the future because under our scheme there will be no necessity for certification. The schools we contemplate will form one group of the post-primary or central schools. Even areas where it would not be possible to establish separate schools for the younger retarded children will be able under the new system to establish these schools for the older retarded children, because the older pupils in all the schools in the area will be grouped, according to their natural capacities and interests, in secondary, or selective or non-selective senior schools.

The retarded children will not necessarily be grouped in separate schools. We anticipate that different Authorities will adopt different policies, but that in all areas some special provision will be made for these children. The senior school course for normal children will extend over four years and the children will usually be grouped in four classes or forms, one for each year of the course, so that no form will contain children differing from one another by more than one year in age. We believe however that it will be found practicable to organise senior schools for retarded children in two classes only, and that a unit of this size could provide suitable and efficient education and training for all the children attending it, since with two classes the educational attainments and capacity of the oldest of these retarded children in each class are not likely to be more than two years in advance of those of the youngest. The range of their mental ratios will of course to some extent depend upon the ratio taken as the upper limit for older children admitted to occupation centres. If the mental ratios are restricted to a range of from 55 to 80, provision could be made for a unit of 40* children in two classes in an urban area containing some 12,000† persons or a rural area with a population of 4,500.

(2) Special Organisation suggested for the Largest Towns.

159. We now turn to the largest towns, that is to say broadly towns which contain a population of 200,000‡ and upwards within the administration of a single Local Education and M.D. Authority.

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* While we suggest a minimum enrolment of 20 for a single class or 40 for a two-class unit, we contemplate that the classes for the retarded in urban areas should normally contain about 30 children.

† These areas would contain a school population between 5 and 15 of approximately 1,800 and 700 children respectively.

‡ There are nineteen towns in England and Wales with a population of 200,000 and upwards and the total population of these towns amounts to nearly 12,000,000.

The application of our scheme in the cases of these large towns will be somewhat different in form, though the principle of the scheme will remain the same. The larger numbers of children living in these towns will permit of a greater differentiation than is possible elsewhere in administrative methods in regard to the education of the new unit group of retarded children which forms the basis of our scheme.

It is important when applying a new scheme to ensure that it should develop and not destroy the good features of the present system. The value of the work done by the day Special Schools which have been established in all these towns, has been emphasised throughout this Report. The existence of these schools will facilitate considerably the application of the proposed scheme to the large towns, as the scheme is to a great extent a development of this type of school. At the same time it is necessary to emphasise that this development should be made judiciously and cautiously so as to ensure that the special features of these schools, which have enabled the teachers to achieve such good results, may be retained. Therefore whilst our recommendations envisage the extension of the educational advantages which these schools have afforded in the past to the much larger group of retarded children in the future, we would urge that in the larger towns where the day Special Schools have been thoroughly organised they should continue to function on similar lines to the present, although under modified and, as we think, more advantageous statutory provisions.

The greater differentiation possible in the larger and more densely populated towns will enable Local Education Authorities to subdivide the unit group of retarded children into two sections, which we shall name (1) the more retarded* and (2) the less retarded.* Accordingly in the large towns the whole body of children who require special provision for education or training will be classified as follows :—

(*a*) Mentally defective—(i) junior, (ii) senior, or (iii) all ages together.

(*b*) Retarded children—

(1) More retarded—(i) junior, and (ii) senior.

(2) Less retarded—(i) junior, and (ii) senior.

Each of these sub-groups we shall now discuss separately in the light of our recommendations. All the statistical references in the following paragraphs relate to a town with a population of 200,000.†

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* The " more retarded " section corresponds broadly with the group of children who are now certifiable as mentally defective under the Education Act; the " less retarded " section comprises those children who are generally known as " dull or backward."

† *See* Table B in Appendix 1 to this Report.

(*a*) MENTALLY DEFECTIVE CHILDREN.

160. (i) *Junior children, i.e. children between* 5 *and* 11 *years of age with mental ratios under* 50.—On the basis of the figures of mental defectives ascertained in the present investigation in the urban areas, it is estimated that there will be about 25 children of this category who should attend an occupation centre.

(ii) *Senior children, i.e. children between* 11 *and* 15 *years of age with mental ratios under* 55.—We estimate the number of children in this category to be approximately 50.

(iii) *Junior and Senior children together.*—A town of 200,000 would have 75 children between the ages of 5 and 15 who could attend occupation centres. Classification for training purposes would be easier if all these could attend a centre that was centrally situated. But it is unlikely, especially as many of these children would be of a low mental grade, that it would be possible to collect them into one centre. Two or at most three centres will however be ample to meet the needs of this group of children.

(*b*) RETARDED CHILDREN.

(1) *The more retarded.*

161. (i) *Junior children, i.e., children between* 7 *and* 11 *years of age, with mental ratios between* 50 *and* 70.—The establishment of Occupation Centres in the larger towns should obviate one factor that has proved a serious handicap to the present system of Day Special Schools, namely the presence of the lower grade mentally defective children in these schools. The allocation of these children to Occupation Centres will make it possible to transfer a number of the more retarded children, who up to now have remained in the ordinary elementary schools, to junior schools or classes which will correspond with the present Special Schools for junior mentally defective children.

We estimate that in a town of 200,000 there will be about 170 children in this category. It will probably be impossible to collect all these younger children in one central school as this would necessitate some of them travelling long distances. Two small schools would however meet the needs of this group, or alternatively some half-dozen special classes in the ordinary schools might be formed.

(ii) *Senior children, i.e. children between* 11 *and* 15 *years of age, with mental ratios between* 55 *and* 70.—Although a certain number of the children in the junior group of the more retarded will have failed to make any substantial progress by the time they reach the age of 11 and will therefore be transferred to an Occupation Centre, it is certain that a still larger number of the less retarded children also will have failed to such an extent that it will be desirable to transfer them to the schools for the senior more retarded children. Therefore this group will at any rate not be any smaller than the

corresponding junior group; we estimate their number at about 180.* These children could be well provided for in one centrally situated school.

The junior and senior children in this group correspond largely with the group now certified as mentally defective under the Education Act. The chief proposals we have made in our Report in respect of this group are the abolition of certification and the cleavage at the age of 11. The first of these proposals would give much greater elasticity in dealing administratively with this group of children. It has already been the practice for many years in some of the largest towns to transfer these children at about the age of 11 to a senior department such as the elder boys' and girls' schools in the London area, and our proposal would be in harmony with this practice.

The Committee wish to urge that the special provision made in large towns for this group of children should still continue and indeed in some towns be further extended. There is nothing in the Committee's scheme that need in any way impede the development of the valuable work done by Special Schools. If any fear is felt that the large numbers of retarded children in the bigger towns may cause the special needs of the more retarded members of the group to be overlooked, such fear we believe to be groundless. Under our scheme it is assumed that the Education Authorities in these towns will continue to differentiate between the more and the less retarded children and will continue to make educational provision for the former in separate schools. Moreover, the existence of these schools, so far from resulting, as in the past, in the neglect of the dull and backward, should facilitate the establishment of suitably graded classes for the less retarded. These classes, moreover, will be better adapted to the needs of these children and will be more satisfactory educationally, since the children attending them will be of a more or less uniform grade.

(2) *Less retarded children, i.e. those with mental ratios from 70 to 80.*

162. (i) *Junior children.*—It is estimated that a town with a population of 200,000 would contain almost 550 children of this category.

(ii) *Senior children.*—The numbers in this group correspond approximately with those in the junior group. The schools for these children, as well as those for the elder boys and girls of the more retarded group, will form a part of the post-primary school system of the future. Whereas the curriculum in these schools will be more practical in character than that in the schools for normal children, the basis will be decidedly wider than that adopted in senior schools for more retarded children.

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* This number does not tally with the figure given in Appendix 1, Table B, since for the purposes of that Table no account could be taken of the fall in mental ratios in this group of retarded children. *See* Chapter 4, pages 100 and 101 of the Investigator's Report

The numbers in each of these groups are large enough to enable the Education Authority to establish one or two separate schools for each. Probably it would be found desirable to admit to these schools some children with mental ratios between 80 and 85 ; if this were done the numbers would be considerably increased.

II. Suggested standards to be observed for the administrative disposal of children.

(1) In the Country generally.

163. In the event of our scheme being adopted Local Education and M.D. Authorities may find it convenient to have before them some indication of the standards and borderlines which we suggest should be used for determining questions relating to the administrative disposal of children under that scheme. Our suggestions should be read in conjunction with Chapter 2 of our Investigator's Report, which contains a full description of the standards observed in his inquiry, and with Appendix B to that Report which gives a summary of the actual tests applied by him.

The standards here laid down are average standards, not invariable standards ; that is to say, they give a concrete expression to the general borderlines that we have in mind, but are not to be rigidly enforced for every particular case. The formulation of psychological standards in no way implies that the diagnosis of deficiency or mental retardation can be reduced to the mechanical application of a series of tests ; and accordingly, in considering the standards suggested in this Chapter, the cautions laid down in Chapter 2 of our Investigator's Report must be carefully borne in mind.

The person whose duty it is to determine whether a child can be regarded as mentally defective or as retarded must necessarily be concerned with the child's mind as a whole. In assessing the intellectual aspect of it, however, he will, in the main, rely upon standardised tests, while in assessing the temperamental aspect he will be largely guided by observations and reports on the child's general behaviour. Responses to test questions and to test situations can be standardised only in the roughest way. Hence the examiner will do well to assess the intellectual and the temperamental aspects separately, and then consider the two together before arriving at a final decision. The fact, therefore, that we formulate our standards in terms of tests of intelligence and educational attainments only, should not convey the idea that these are the sole criteria to be considered.

Borderlines to be observed.

There are two main borderlines with which we are concerned—first that which separates the retarded* child, who should remain within the province of the Local Education Authority and be provided with special educational facilities, from the mentally defective* child who should be notified to the Local M.D. Authority and sent

* See first footnote on page 126 for an explanation of the sense in which these terms are used in this chapter.

to an Occupation Centre or to an Institution ; and secondly the line to be drawn between the retarded child who requires some special educational provision and the normal child who can remain in the ordinary school. These lower and upper borderlines again will differ according to the age of the child.*

(a) *Borderline, between Retarded and Notifiable Children.*

(i) *For Junior children.*—In the case of younger children, that is to say children under 11 years of age, we have suggested a mental ratio of 50. At the age of 7 this ratio would imply a mental age of $3\frac{1}{2}$. Such a child will probably be able to repeat a sentence of 6 to 8 syllables and to enumerate a few objects in a picture ; he may be able to choose the longer of two sticks, but will probably fail to give the right responses required by the Seguin form board or to choose the prettier of two faces or to copy a square.

We contemplate, however, that in some cases it will be necessary to notify children before the age of 7. At the age of 5 a mental ratio of 50 would imply a mental age of $2\frac{1}{2}$; and this in turn means that, even if the examiner is successful in getting a response, the child will do no more than answer the two or three easiest questions in the whole Binet Scale. He may perhaps be able to name one or two objects in a picture, to give his own name, and in response to such questions as " Show me your eyes," " Show me your mouth," point to the correct part of his face. At this stage however the emotional response of the child and his environmental conditions may make all the difference to his replies.

(ii) *For Senior children* that is to say for those between the ages of 11 and 15 we have suggested a slightly higher mental ratio, namely 55 per cent. At the age of 11 a mental ratio of 55 would be practically equivalent to a mental age of 6 years. As regards intelligence, this means that the child might be able to reply to all, or nearly all, of the test questions set out in Appendix B of our Investigator's Report for a child aged 6, but would fail in all, or nearly all, the tests for aged 7 and upwards. Thus he may know the 4 commonest coins, repeat 5 numbers, give simple descriptions of pictures and define well-known objects in terms of their use. It would be beyond him to state the differences between concrete objects, to add up 3 pennies and 3 halfpennies, or to repeat 3 numbers backwards.

As regards educational attainments such a child is likely to be well below the level of an average child of 6. Hence ability to do the work of what is generally known as Grade iii will be exceptional. The best of these children will seldom be able to read more than simple 3 letter words and a few familiar longer mono-syllables by the look-and-say method. They will only be able to scrawl 3 or 4 letters with a pencil, they will hardly be able to spell a single word and rarely be able to add and subtract beyond 5 or 6.

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* *See* Chapter VII, para. 115, where this point is discussed.

Broadly speaking any child who falls below the standards we have briefly sketched above should be notified and should be provided with training in an Occupation Centre, while those who attain these standards may, as a rule, properly be kept within the educational system and afforded some form of special teaching. The former will correspond with the definition we have given earlier in this Chapter of " mentally defective " children, the latter to our definition of " retarded " children.

(b) *Borderline between Retarded and Normal Children.*

For the upper borderline for retarded children of all ages we suggest a mental ratio of 80 per cent.

(i) *For Junior children* a mental ratio of 80 at the age of 7 will give a mental age of from $5\frac{1}{2}$ to 6 years. The responses of a child of this mental grade are again indicated by the tests given for the age 6 group of the children in Appendix B of our Investigator's Report. A child of 7 who grades to age 6 on tests could, as a rule, be properly kept in the ordinary school with normal children.

(ii) *For Senior children* a mental ratio of 80 at the age of 11 would give a mental age of a little under 9. A child of this grade will probably give correct responses to most of the tests in the age 8 group of Appendix B ; that is he would be able to count backwards from 20 to 1, state the similarities between two concrete objects, give change out of one shilling, and would have a vocabulary equivalent to the first 20 words of Terman's test. He would possibly be able to repeat 6 digits, or 4 digits backwards, but would be incapable of naming all the coins or of re-arranging a simple mixed sentence. Educationally he would just manage to read most of the words of the age 7 group, but would fail with most of those in the age 8 group of the reading tests. His educational attainments in respect of spelling and arithmetic would be of a corresponding level.

(2) Special Borderline to be Drawn in the Largest Towns.

We have already indicated that in the largest and most populous towns further differentiation may be possible and the retarded children may be divided into two sections with an education more specifically adapted to the particular needs of each. The lower of these sections will correspond generally with the type of child now attending the Day Special Schools in the larger towns, while the higher section will consist generally of what are now known as dull or backward children. The lower borderlines which we have suggested for use in the country generally will apply in the largest towns also but the upper line may be somewhat extended in these towns, possibly up to 85.*

* *See* para. 162 above, and also para. 164 below.

There remains to be discussed the borderline that should be drawn in the largest towns between the two sections of retarded children. For all ages we would suggest for this borderline a mental ratio of about 70 per cent. In the case of a child of 7 a mental ratio of 70 would correspond with a mental age of nearly 5, while at the age of 11 it would correspond with a mental age of rather less than 8. The educational attainments of such a child at the age of 7 would be practically negligible, though he would show some promise of capacity for educational progress. He might be able, for instance, to copy and even recognise a few letters or to count 3 or 4 objects. At the age of 11 his educational attainments would be below those of a normal child of 7.

III. The Committee's conception of that section of Retarded children which is generally known as "dull or backward."

164. The Chapter in our Investigator's Report which describes the Standards adopted in his inquiry indicates clearly the types of child whom he classified respectively as imbeciles and as feeble-minded, and the account that he gives of the borderlines followed by him in distinguishing between these two groups, when read in conjunction with the description in the preceding Section of this Chapter of the lower borderlines to be observed in future, should afford a fairly clear conception both of the type of child to be trained in an occupation centre, namely that which we have defined as the "mentally defective" child, and also of the lower grade members of the group of "retarded" children who could be retained within the elementary education system. This latter group, as already stated corresponds broadly with the type of children now attending Day Special Schools.* The retarded group as we have seen however contains a still larger proportion of children who could not be certified as mentally defective under the Education Act, but who can certainly be described as dull or backward. These children did not come within the scope of our Investigator's inquiry and his Report consequently contains no description of them. It is of this group therefore that we now propose to give some definition and description.

This definition must for present purposes be based upon practical needs. Recent educational surveys have shown that the mental differences between individual children are far wider than had previously been suspected. No longer do we expect all children to progress at the same average speed—one standard per annum; the cleverest child will progress nearly twice as fast, and the dullest twice as slowly. Other things being equal, the class that is most easy to teach is the class that is most homogeneous. Hence, in the

* i.e., feeble-minded children. There are of course at present a number of lower grade children also at these schools, but they do not belong to the type of child for whom the day Special Schools are intended and should be excluded from them

interests both of the pupils and of the teacher, a differential scheme of classification is required. These individual differences, moreover, increase progressively from year to year. Children as they grow older diverge more and more the one from the other; the child who is backward by one year at five, is likely to be backward by two years at ten, and by three years at fifteen. Hence, it is during the final years of school life, between the age of eleven and puberty, that a maximum degree of differentiation is essential.

The Report on the Education of the Adolescent* has drawn attention to the need for classifying normal children according to their educational capacity, and educating each group in schools of an appropriate type. Here we desire to insist on the equal need for grading the subnormal, and providing each section with the kind of instruction that fits it best. Special provision is plainly needed both for the dull or backward and for the more seriously retarded child. But not every child who is retarded a fraction below the general average is in need of special instruction in a Special School or Class. The boy who is backward by no more than one year can well be accommodated in a class whose average age is a little younger than his own. This is everywhere a common practice which brings little or no disadvantage, so long as the ages are not too freely mixed. The children belonging to a single age-group—those aged ten last birthday, for example, may easily be spread over three consecutive standards†—Standard III (whose average is 9·5), Standard IV (whose average age is 10·5) or Standard V (whose average age is 11·5). Accordingly in educational articles, in official reports and in teachers' discussions on the subject, the phrase "backward child" is usually restricted to mean one who is backward by about two classes or two years. Where schools or classes specially designed for the backward have already been instituted and exact measurements made of the children's intelligence, we find that the mental ratios of the pupils usually range between 70 and 85, that is to say, a mental age of 7·0 to 8·5 at the chronological age of 10.

We suggest that the trend of the teachers' spontaneous selections in the past may form a rough guide for similar selections in the future. The ground for these limits is obvious from what has just been said. Let us consider more closely the classification of pupils in the middle of the present senior‡ departments. Those

* Report of Consultative Committee of the Board of Education, under the Chairmanship of Sir W. H. Hadow. Published by H.M. Stationary Office in 1926, price 2*s*.

† We use the word "standard" simply to indicate a class in which the educational capacity and attainments of the children correspond roughly to that of a single year of development, Standard I to age 7 to 8, Standard II to age 8 to 9, and so on. Even if their classes are not organised on this basis, most teachers still attach a fairly definite meaning to the levels so named.

‡ i.e., where there is no educational break at the age of 11+ and where the school is organised in (*a*) an Infants' department and (*b*) a mixed department or departments for older boys and girls separately.

aged 10 last birthday should normally be taught in Standard IV. If retarded by but a single year, they can be placed in Standard III without detriment to their fellows. If retarded by two years, they would (if strictly classified according to their attainments and capacity) be placed in Standard II. Standard II however should receive the cleverest children aged only seven or eight. Such an assortment of big and little, side by side in the same classroom, is not usually advisable and the drawbacks become more and more serious as the backward child grows older.

Now the average age of the normal ten-year-olds in Standard IV is 10·5 years : and Standard III ranges roughly from a mental age of 9·0 to 10·0. A ten-year-old, therefore, who is unfit for Standard III is retarded at least 1·5 years, or 15 per cent. of his age. If he is retarded by 30 per cent. of his age, he is usually deemed fit, not for a backward class, but for a Special School where Special Schools exist. These limits—a backwardness of 15 to 30 per cent.—coincide with the limits just mentioned, namely, a mental ratio between 70 and 85, and correspond with what has been the interpretation usually given to the words " merely dull or backward " in Section 55 of the Education Act, 1921.

The children with whom we are concerned are therefore those who, without being mentally defective, are so deeply retarded in mental development or attainments that by the middle of their school career they are unable to profit by the instruction given even in the class below that which is normal for their age. And, generally speaking, it may be said that by a retarded child we mean one who is retarded by more than 15 per cent. of his chronological age. While this figure may be taken as the upper limit of that group of retarded children with whom we are now concerned, it will be remembered that it is only in the largest towns where exceptional facilities for educational differentiation exist that it would be possible to extend the special provision to children with mental ratios between 80 and 85 ; and for practical purposes in the greater part of the country the upper limit of children included in our retarded group will be about 80.

This definition, though given in quantitative terms, is not meant to be pedantically pressed. Every area will adopt the lines of classification most suited to its needs. We have attempted a precise definition solely because it has been necessary to give calculations of the probable numbers. If the limits be expressed in terms of the mental ratio, then a range of 70 to 85 will perhaps be most convenient in the larger towns, where the numbers are high enough to make such a classification desirable. In the smaller towns and in rural areas the classification will doubtless be less finely differentiated.

Our scheme, of course, rests on the assumption that the educational system will be reorganised on the basis of a clean cut at the age of 11+ and we have advocated the institution of a special survey

of children at this age with a view to the selection of pupils for classes or courses of instruction suited to their special abilities. Not for one moment however do we suggest that the backward child should be ignored until he reaches the age of 11 and his backwardness becomes a conspicuous handicap both to himself and others. This is like waiting until the consumptive breaks down at his work before giving a thought to his trouble and its treatment. The sooner the retarded child is discovered and the sooner he receives a special measure of attention, the greater is the hope of remedying or compensating for his particular disability. If scientific methods of case-study are employed, the majority of those who are likely to be dull or backward can be detected soon after the age of seven. One of the greatest obstacles to accelerating the progress of the retarded child is the child's growing consciousness of his own inferiority. Before the age of eleven he may hardly have realised his unfortunate position. But with the increase of self-consciousness that the approach of puberty brings, he begins to contrast himself with his normal fellows and strongly resents the babyish methods that are used in trying to teach him the elements of reading and of number. Here lies one of the most important reasons both for attacking his difficulties at an early age, and for placing him when he is older with those who are on a level that more nearly corresponds with his own.

We feel then that the recognition of the dull and backward as a definite group needing special attention, and the systematic organisation of schools and classes along the lines just described, form one of the most urgent educational needs at the present moment. In view of the suggested reclassification of children at different ages—at the age of seven or eight when the child leaves the infants' department and again at eleven when the whole school population is regrouped—such a plan should not present great difficulties. In support of our proposal we have already pointed out that recent inquiries have shown that it is chiefly from the ranks of the dull and the backward, rather than from those who are mentally defective in the stricter sense, that the majority of our criminals, paupers and ne'er-do-wells are drawn. The institution of special classes for the retarded child would lead to attention being drawn at an early age to the social, temperamental and intellectual difficulties of each one, and so save many from a life of hopeless poverty or crime.*

IV. The Educational Problem of the Retarded Child.

165. While much thought has been given to the educational problems of those children who have been described in the past as mentally defective children, that is to say, the lower section of our

* In a recent survey of juvenile delinquency in London, it appeared that "nine out of every ten delinquent cases fell below the middle line of average educational attainment, and five out of every six were so far below it as to be classifiable as among the technically 'dull or backward.'"

group of retarded children, the special educational problems presented by the upper section of this group, namely the dull or backward, have hitherto been accorded but little consideration save in a few areas and in a relatively small number of more or less isolated schools. Though, as we have seen in an earlier chapter, valuable experiments have been and are being made here and there for dealing with these children within the Elementary School system, there has been little co-ordination of effort and little pooling of experience. The "dull or backward" class is, moreover, too often little more than a refuse heap for the rest of the school; the child is not selected on the basis of any systematic tests; he is not studied individually to discover the causes of his backwardness; no one troubles to find out whether his backwardness is remediable or not; and many a teacher, being human, instead of realising that he has been honoured with the most interesting psychological cases in the whole of the school, groans because he will have nothing to show for his efforts and longs to be relieved or promoted to the scholarship class instead.

Our reasons for referring in this Report to the special problems of the dull and backward are two-fold: first, because they are necessarily connected with those of the lower section of the retarded group, so that the one cannot be considered apart from the other and that there is no possibility of making satisfactory educational provision for the majority of the children in the lower section except in association with those in the upper section*; and secondly because, realising as we do their extent and some of their complexities, we wish to suggest certain aspects of these problems which we feel might well form the subject of a special investigation.

Problems calling for Investigation.

(1) causes of educational retardation.

166. Researches on this question have already been carried out in several urban areas, and a wide variety of causes has been revealed. While much further inquiry is needed, in particular so as to show in what way the known causes operate to produce their undoubted effects, to discover other possible causes and to indicate how these causes may most effectively be attacked either on a wholesale scale or in individual cases, we think it may prove helpful if we state here the commonest causes that have been brought to light by previous inquiries. It has been shown in the first place that a distinction must be drawn between (*a*) children suffering from an innate and permanent retardation, and (*b*) those suffering from an acquired and curable retardation; in other words, between those usually distinguished as the specifically "dull" and those more generally known as the "merely backward."

(i) *Inborn inferiority in general intelligence*, that is in all-round intellectual capacity, appears to be the commonest cause of all. In such a case, not the child, nor the teacher, nor the parent, but nature is

* *See* Chapter VII where this question is fully discussed.

to blame. The dull in fact are suffering from a mild form of that congenital inferiority which differs in degree, but not in kind, from mental defect : it is useless to expect such children ever to reach beyond the level of Standard IV.

As we have seen, there are all degrees of dullness. In some the dullness may be so extreme as to amount to mental defect in the sense implied in the Education Act, in that the innate condition of the child is of itself sufficient to render him incapable of profiting by instruction in the ordinary school. In others the dullness is not grave enough to prevent the child from being kept within the ordinary elementary school system, but other factors, combined with the innate inferiority, hinder the child's progress and call for special attention.

(ii) *Special disabilities* such as bad memory, unstable attention, poor auditory or visual imagery, incapacity for verbal or abstract symbols as distinct from practical or manual work, and

(iii) *Temperamental defects* such as emotional instability, emotional apathy, emotional conflicts, petty moral or disciplinary difficulties, worry about conditions at home, antagonism to a particular teacher or subject—may often aggravate the child's general incapacity, and perhaps in rarer instances be sufficient of themselves to turn a normal child into a backward child.

The remaining factors are either physical (arising within the child himself), administrative (arising within the school organisation), or environmental (arising mainly within the child's own home). The following are the commoner :

(iv) *Physical handicaps,* such as poor health, defective vision, defective hearing, defective speech, lefthandedness, tonsils, adenoids, rickets, rheumatism, recurrent catarrh, minor ailments, malnutrition, lowered vitality from many different causes. These contributory causes are nearly all of them of a remediable type, and are often so slight as to escape attention and treatment unless an intensive study is made of each backward individual.

(v) *Absence from school,* including late entry and irregular attendance from a variety of causes—excusable and inexcusable—(illness of the child himself, infection in the home, migration from district to district, negligence on the part of the parents, dislike of school on the part of the child).

(vi) *Defects within the school itself*—bad teaching, uninspiring or ill adjusted teaching methods, too slow or too rapid promotion, sudden break in teaching methods (particularly when the child is transferred from the infants' to another department or from one school to another).

(vii) *Social or environmental handicaps*—poverty and its concomitants, insufficient or inappropriate food, lack of sleep, overcrowding, insufficient recreation, lack of culture in the home, lack of parental sympathy with the school and its work, overwork out of school hours.

The teacher should be on the watch for causes of these various kinds, in every case. Usually he will discover in each instance not one cause but several, all co-operating to drag the child backward; and he will need the assistance of the School Nurse, the School Medical Officer, the Attendance Officer and the social worker to support his efforts in the classroom. Otherwise all that is done during five hours on five days each week may be undone directly the child leaves the school premises.

(2) SIZE OF CLASSES.

167. The outstanding need of all retarded children is greater individual attention. Hence, the first requisite will be a small class. We have provisionally suggested that the class for the retarded should contain about 30 children. Is this the ideal or the best practicable size? Again should not the classroom itself be not one of the smallest but one of the largest in the department, so as to allow plenty of room for manual and practical work and for the children to move about more freely than the ordinary pupil engaged for the most part in reading, in sitting and listening to the teacher, or in doing written work at the desk? What name should be given to the class, so as to avoid casting any slur on the pupils or the teacher sent to it? Should it not be termed a "practical class," an "industrial class" an "opportunity class," "VI.c," or even (as in one department) "Ex-VII," or indeed be given any title rather than the "backward class," or "standard 0"?

When the retarded cases are not sufficiently numerous for the formation of a special class, the question of employing a visiting teacher specially qualified to give assistance or advice in methods of group or individual teaching might be considered.

How far children of different ages, sex, attainments and capacities can conveniently be housed together in a single room is a problem needing further inquiry. Experience points to the need for classifying the retarded amongst themselves; wherever possible, not one retarded class but several should be organised (not necessarily in the same school), so that the retarded as well as the normal can be graded and promoted according to age and progress.

(3) SELECTION OF PUPILS.

It is clear that as the causes of retardation are so numerous, retardation may be of many varying degrees and types. Of all the sources of failure in the backward class as it exists at present perhaps the commonest is the haphazard way in which the children are selected. Should it not be the general practice to use standardised tests both of intelligence and of educational attainments as the main basis of selection, and to keep case records or "progress-books" giving the results of subsequent tests or examinations and full details as to the case-history of each individual child—his home circumstances, his physical defects, his

special disabilities, and his temperamental peculiarities? The appointment of a visiting psychologist, of an educational expert, or of an inspector of retarded classes trained in psychological methods, would be of great help to the teachers themselves. Of course all retarded children should, as we have already recommended, be submitted to special medical inspection and where necessary be referred to a mental expert. The institution of psychological clinics for child guidance would be of further assistance in this direction. Each of these plans has already been attempted in different schools and areas; and one of the most urgent questions for inquiry is that of determining the special merits and the special limitations of these different schemes.

(4) EFFECT OF PHYSICAL CONDITIONS ON MENTAL RETARDATION.

It is clear that the selection of retarded children is primarily an educational problem. Yet, as we have just seen, physical defects so often constitute an important factor that a special and thorough medical examination of each retarded child is an indispensable preliminary to his proper treatment. One of the most important points, therefore, for further inquiry is the possibility of closer co-operation between the doctor, the teacher and the social worker in such cases. How far are measures of modern medicine, surgery and general hygiene followed by mental improvement, and how far can the effects be made permanent by more intelligent aid within the schoolroom when tonsils have been excised, spectacles prescribed, minor disabilities successfully cured? What, for example, is the value of the open-air class for children of this type?

(5) SOCIAL MEASURES.

As we have seen, backwardness at school and poverty in the home are closely associated. In itself, no doubt, poverty may be an effect of the dullness of certain members of the family quite as often as its cause. Yet, directly or indirectly, poverty is undoubtedly a serious factor, nearly always aggravating any inherent backwardness in the child himself. It is in the poorest districts that backward pupils are most numerous. Hence there is a need for active social service in connection with the backward classes.* A systematic inquiry into what has already been done in this direction, and what is still needed and practicable, is greatly to be desired.

(6) TRAINING OF TEACHERS OF RETARDED CHILDREN.

It is obvious that the teacher of the retarded child will need special qualifications. If he is to be successful he must regard his work,

* The need of social service, particularly in connection with the care and supervision of mentally defective children out of school hours, was emphasised in the Board of Education's Circular No. 1341 issued in September, 1924.

not as a thankless burden, but as a privilege and as a unique opportunity for studying types of mind, at once the most puzzling and the most fascinating that the elementary school can show. He must be endowed with a peculiar degree of human sympathy and patience, and at the same time possess a scientific attitude towards his pupils and their difficulties. He must be familiar with modern educational methods for instructing the more immature minds and at the same time appreciate the more worldly interests possessed by the older. He must be capable of dealing with his class as individuals rather than in the mass, and have as great an interest and skill in manual work as in work of a more academic type.

Many of these qualifications are to be acquired, and often can only be acquired, through actual experience and training. An inquiry is therefore desirable to show how far existing courses organised by the training colleges or otherwise meet, or should be modified for, teachers of experience and others who intend to specialise in this kind of work. The impending reorganisation of training college courses makes the present moment opportune for calling attention to this special aspect.

Several methods of training teachers for the retarded have been tried—

(*a*) by Training Colleges (i) as part of the ordinary training course ;

(ii) as a third year or deferred third year course ;

(*b*) by Training Colleges and other Organisations in short intensive courses of varying lengths ;

(*c*) by Local Education Authorities for their own teachers.

As experience of teaching ordinary children for at least two years is in our view an essential preliminary to work in schools or classes for the retarded, the first plan, (*a*) (i) above, would seldom prove suitable. Is a whole year course such as that referred to in (*a*) (ii) above really required ? Would not an extension of the system of shorter courses, possibly of three months' duration, possibly longer, possibly shorter, meet the need ? What should be the content of the courses and what types of lecturers would be required ? The experience of the Central Association for Mental Welfare in conducting short courses would no doubt point the way to the solutions of some of these problems and would probably suggest further lines of inquiry.

(7) CURRICULA.

It is obvious, and universally admitted, that the curricula of these classes should devote less time than the ordinary school to formal subjects such as reading, writing and arithmetic and more time to practical subjects, such as bear directly upon the

child's future life, either in the home, or in industry, or in his hours of leisure. Here is one of the most urgent problems for future investigations.*

(8) TEACHING METHODS.

Even when the retarded child is being taught the more abstract academic subjects, they should be presented to him in a concrete and practical way. What is the special value to such a child of expressive and aesthetic work, such as that involved in homely crafts, in decorative art of various kinds, in music, dancing and dramatic display? Mechanical work seems to keep the mind occupied, but actually allows it to daydream and often does more harm than good. How can all the work be made active, stimulating, provocative; made to appeal to the child's special interests; to encourage him to feel the joy of success; and be so graded throughout as to lead him by easy stages to higher, harder and more abstract work? The answers to these and kindred questions are no doubt familiar to the best teachers. Could not the knowledge and experience of these be placed more readily at the disposal of others?

By what particular methods, and with what degree of success these various aims may be achieved are problems that require a far greater amount of experience, experiment, collaboration, and discussion than has hitherto been allotted to the problem. They point to the urgent need for systematic inquiry into the whole situation.

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* Detailed recommendations on these and kindred points have already been put forward in the Board's recent *Handbook of Suggestions to Teachers.*

CHAPTER IX.

SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS.

168. In the course of this Report we have described the nature of mental defect, the existing statutory provisions with regard to mentally defective children and the administrative arrangements made for their care, training and education. We have reviewed the findings of the special investigation held by Dr. Lewis into the incidence of mental defect in certain urban and rural areas, and have discussed the application of those findings to England and Wales as a whole. We have considered the problems submitted to us in the light of those findings, and have set out fully in the appropriate chapters of this Report the conclusions we have reached and the recommendations we make in regard to each of the questions that we have had under review so far as children are concerned. We propose here to confine ourselves to a concise statement of our main conclusions and recommendations, indicating in respect of each of them, for convenience of reference, the numbers of the relevant paragraphs in the body of our Report. Our conclusions and recommendations relating specifically to adult defectives are given in Part III.

I. PRINCIPAL CONCLUSIONS ARISING OUT OF THE COMMITTEE'S REVIEW OF THE PRESENT POSITION AND OF THE FINDINGS OF THEIR SPECIAL INVESTIGATION.

1. The Meaning of Mental Defect.

Some doubt exists as to the meaning of the definition of "mentally defective" children in Section 55 of the Education Act 1921 and of "feeble-minded" children in Section 1 (*c*) of the Mental Deficiency Act 1927. It is sometimes held that the only criterion of mental defect for the purpose of these definitions is the educational one. In the light of all the other definitions contained in the Mental Deficiency Acts and of the best scientific opinion, we have taken the view that, whatever may be the correct legal interpretation of these definitions, the real criterion of mental deficiency is a social one, and that a mentally defective individual, whether child or adult, is one who by reason of incomplete mental development is incapable of independent social adaptation. (Chapter II, para. 21.)

2. Powers and Duties of Local Authorities.

(*a*) We find that the *powers and duties of Local Education Authorities* with regard to the ascertainment and notification of children to the Local M.D. Authority are in some respects obscure,

and in some respects more narrowly restricted than we believe to have been intended by Parliament :—

(i) The terms of Provisos (ii) and (iv) of Section 30 of the Mental Deficiency Act 1913—provisos which appear to be contradictory—throw considerable doubt on the question whether Local Education Authorities may ascertain, certify and notify children who are in the hands of the Poor Law Authorities. (Chapter III, paras. 37, 50 and 51.)

(ii) In the case of a child who is leaving an ordinary Public Elementary School at the age of 14, and is in the opinion of the Local Education Authority in need of supervision, guardianship or institutional care under the Mental Deficiency Acts, that Authority have no power of notification corresponding to the power they possess in the case of a child leaving a Special School at 16. (Chapter III, para. 41.)

(iii) Owing to factors which have arisen since the passing of the Mental Deficiency Act, 1913 and the interpretation which has been placed on the term "special circumstances" in Section 2 (2) (*a*) of that Act, little use has been made of the power of notifying educable mentally defective children of school age who are in need of care and control under the Mental Deficiency Acts. (Chapter III, para. 42)

(iv) There is some doubt whether a child who has left a Public Elementary School at 14 without having been certified as mentally defective can be so certified between that age and 16, and, if necessary, notified to the Local M.D. Authority. (Chapter III, para. 40.)

(*b*) In regard to the *powers and duties of Local M.D. Authorities,* we do not feel that the intentions of Parliament have been realised. It was no doubt anticipated when the Mental Deficiency Act of 1913 was passed, that most defective children would be notified by Local Education Authorities before they left school and that Local M.D. Authorities would consequently have to ascertain for themselves only those defectives whose need for care and control first manifested itself in later life. It was presumably in consequence of these assumptions that it was not thought necessary to widen the conditions rendering defectives subject to be dealt with under the Act or to give these latter Authorities any power or duty to ascertain or deal with defectives in the hands of the Poor Law Authorities, or with defective children between the ages of 7 and 16 unless notified by Local Education Authorities.

The facts :—

(i) That only a small proportion of mentally defective children have been so notified ;

(ii) That numbers of defective children are in the hands of Poor Law Authorities ; and

(iii) That the Local M.D. Authority can only themselves "ascertain" and provide for defectives who are "subject to be dealt with" under the Mental Deficiency Act by reason of having been found neglected or cruelly treated, or having come into contact with the law or got into serious trouble ;

have restricted the field of the Local M.D Authorities' activities to a greater extent than we think was contemplated by Parliament. (Chapter III, paras. 44 and 45.)

(*c*) Though *Poor Law Authorities* have power to maintain children who are defective in their institutions, these institutions are not as a rule suitable places for their retention. Moreover, defectives so maintained are dealt with either as paupers or as persons of unsound mind and are deprived of all the benefits and safeguards of the Mental Deficiency Acts. (Chapter III, paras. 50, 51 and 52.)

(*d*) Defective children in *Home Office Schools* are also, broadly, outside the province of the Education and Mental Deficiency Acts, and though well looked after in the schools are to some extent debarred from the continuity of care which those Acts are intended to confer. (Chapter III, para. 53.)

3. Numbers of Defectives ascertained and dealt with by the Local Education and M.D. Authorities.

(*a*) *Local Education Authorities* have ascertained 33,000 educable mentally defective children in England and Wales and the total Special School accommodation available for these children consists of 1,800 places in Residential Schools and some 15,000 places in Day Schools, accommodation which is only sufficient for half the children hitherto ascertained. (Chapter IV, paras. 55 and 56.)

(*b*) The numbers of children *notified* by Local Education Authorities to Local M.D. Authorities amount annually to some 2,400 children between 7 and 16 years of age. (Chapter IV, para. 60.)

(*c*) *Local M.D. Authorities'* returns do not indicate how many mentally defective children have been reported to them. Their latest returns, however, show that they have knowledge of some 62,000 defectives of all ages, that is to say 1·57 per 1,000 total population. Only 39,000 of these (or 1 per 1,000 population) have been "ascertained" to be "subject to be dealt with" under the Mental Deficiency Acts. Of these some 20,000 have been sent to Institutions ; 1,100 have been placed under Guardianship and the remainder numbering some 18,000 have been placed under supervision. (Chapter IV, paras. 60 and 61.)

(*d*) There are only 111 *Occupation Centres*, nearly all provided by voluntary bodies, though financed by Local Authorities, and the total number of defectives (most of them being children) who are being trained at these Centres does not exceed some 1,200 (Chapter IV, para. 73.)

4. Numbers of Defectives in England and Wales calculated or estimated on the Basis of the Findings of the Committee's Special Investigation.

(*a*) The total number of *children* between the ages of 7 and 16 who are *mentally defective within the meaning of Section* 55 *of the Education Act,* 1921, is approximately 105,000, that is to say, rather more than three times as great as the number actually ascertained and certified by Local Education Authorities. (Chapter V, paras. 83 and 93.)

(*b*) The number of *lower grade defective children, i.e. imbeciles and idiots,* under 16 years of age on the actual basis of our investigation is at least 30,000. We are, however, convinced that this figure is an under-estimate, because the ascertainment of younger children was necessarily incomplete. (Chapter V, para. 97.)

(*c*) The total number of *adult defectives* of all grades in the whole country is certainly not less than 150,000. This number is two and a half times as great as that given in the returns submitted to the Board of Control of defectives of all ages brought to the notice of Local M.D. Authorities. (Chapter V, para. 83.)

(*d*) Of the 105,000 children referred to in paragraph (*a*) it is estimated that about one-third, or 35,000, are educationally rather than socially defective, while the remaining two-thirds, that is 70,000, are mentally defective within the meaning of the Mental Deficiency Acts. If we add to this figure (70,000) the 30,000 lower grade defective children and the 150,000 adult defectives, we find that the total number of *persons of all ages* in England and Wales who are *mentally defective in the true sense,* that is, who are by reason of incomplete development of mind incapable of independent social adaptation, is 250,000. We know that this number, which is based directly upon the actual numbers ascertained in this Investigation, is an under-estimate, and, after allowing for the inevitable incompleteness of the ascertainment and making certain corrections, we estimate that the total number of persons in England and Wales who are mentally defective in the true sense is at least 300,000*, which is equivalent to an incidence of mental defect of eight per thousand total population. (Chapter V, para. 83.)

(*e*) All these figures which are based on the findings of our Investigation show clearly that the numbers of defectives ascertained and provided for by Local Education and M.D. Authorities are far smaller than they should be.

5. Other Findings of the Committee's Investigation and Conclusions arising therefrom.

(*a*) The incidence of mental defect as ascertained in the Committee's investigation is approximately twice as high as that found 20 years previously by the Royal Commission on the Care and

* This number (300,000) does not of course include the 35,000 children whose defect is educational rather than social.

Control of the Feeble-minded. This increase is probably due in the main to greater thoroughness and improved methods of ascertainment. But, after allowing for these and other factors, we believe that the evidence available suggests that there may have been some increase in the incidence of mental defect even during the past 20 years. (Chapter V, paras. 84 and 86–90.)

(*b*) The Committee's investigation shows that there is a marked difference in incidence of mental defect between urban and rural areas. The mean incidence of defect for all ages in the urban areas was 6·49 per 1,000 population as compared with 10·66 in the rural areas. There is evidence that this disparity is connected with the problem of rural depopulation and with other important social problems. (Chapter V, paras. 88 and 91, and Investigator's Report Appendix A, Table 11.)

(*c*) In the investigated areas 77 per cent. of the feeble-minded (i.e. educable mentally defective) children ascertained were found to be in attendance at ordinary Public Elementary Schools, and even in the two areas where unused Day Special School accommodation existed 69 per cent. of the feeble-minded children were attending the Public Elementary Schools. The reasons underlying these facts, taken in conjunction with (i) the prohibitive cost of establishing Residential Special Schools for all feeble-minded children living in rural areas, and (ii) the impracticability, save in a strictly limited number of towns, of any material increase in Day Special School provision, have convinced us that a change of system is essential. The existing system has in fact broken down except in the larger towns and is, we believe, incapable of being applied in the country generally. (Chapter IV, paras. 64 and 65, Chapter V, para. 94 and Chapter VI, paras. 100–106.)

(*d*) Our Investigator had also presented to him large numbers of children who, though he could not class them as feeble-minded, were patently retarded both mentally and educationally, children who form the group generally known as dull or backward. No special educational provision was being made for the large majority of this marginal group, which is estimated to contain as many as 300,000* children between 7 and 15 years of age in the country as a whole. The close genetic as well as educational relationship between the "dull" portion of this group and the mentally defective makes it impossible for the Committee to overlook the problem which the whole group presents. (Chapter VIII, para. 156.)

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* This figure is based on surveys carried out by Professor Cyril Burt and comprises children with mental ratios broadly between 65 and 80. If we took the whole group of children with mental ratios below 85, which would include all the dull and backward and all mentally defective children of whatever grade, we should find that it would comprise at least 10 per cent of the school population.

II. RECOMMENDATIONS IN REGARD TO CHILDREN.

In the light of the foregoing facts and conclusions we make the following recommendations for the modification of the present system of education for mentally defective and retarded children, for the redistribution of the functions of Local Authorities and for the amending of the law.

1. New Educational Unit.

(*a*) We recommend that all those children hitherto known as educable mentally defective children and all those known as dull or backward children (as defined in Chapter VIII)* should be regarded as a single educational and administrative unit, and should be given a similar type of education adapted to their degree of retardation. We suggest that this unit should be known as the "Retarded" Group. (Chapter VI, para 106.)

(*b*) We further recommend that all these children, except of course those who are in need of immediate care and control under the Mental Deficiency Acts, be retained within the Public Elementary School system and that Local Education Authorities modify the organisation of the schools in their areas so as to provide suitable education for the whole group. (Chapter VIII, paragraphs 156–162.)

2. Certification for Purposes of the Education Act.

(*a*) We recommend the abolition of the requirement that the Local Education Authority should certify a particular type of child as mentally defective as a necessary preliminary to providing him with the type of education he requires.

(*b*) This recommendation involves a modification of the legal status of Special Schools for mentally defective children, though the substance of these valuable institutions should be retained. The schools should become part of the general Public Elementary School system, with appropriate modifications of curriculum and organisation.

(*c*) As the special powers and duties of Authorities and parents with regard to these Special Schools would lapse, it would be necessary to give Local Education Authorities a general power to enforce attendance in the last resort of individual children at whatever school was best suited to their educational capacity. The Local M.D. Authority should also be given power to compel the attendance of children at suitable Day Schools or Centres.

(*d*) The abolition of certification must not be taken as in any way diminishing the obligation of Local Education Authorities to discover, classify and provide suitable education for all retarded children of whatever grade. (Chapter VII, paragraphs 138–141.)

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* Paragraph 164.

3. Organisation of Education for Retarded Children on the Basis of a Break at the Age of 11.

(*a*) We understand that it is in accordance with the recommendations of the Hadow Report and the general trend of modern practice to make a break in the education of normal children at the age of 11. We consider that there are definite advantages in making a similar break in the case of retarded children both in the interest of these children and in order to bring this group into line with general educational administration.

(*b*) We recommend that, so far as practicable, separate classes or departments should be established for retarded children under 11, and that in all areas courses for retarded children over 11 should form an essential part of the Local Education Authorities' provision of Senior or Post-primary Schools. In the larger towns greater differentiation in classification will be possible, and we recommend that in addition to the establishment of separate classes or departments for the less retarded children under and over 11, Junior and Senior Schools for the more retarded, on the lines of existing Special Schools for the Mentally Defective, should be continued and extended. (Chapter VII, paras. 115, 120 and 121, and Chapter VIII, paras. 157-159 and 161-162.)

4. Allocation of Responsibility for Mentally Defective and Retarded Children who can attend a Day School or Centre.

(a) *Younger children.*—Children under 11 years of age, who are able to attend a Day School or Centre, would be divided into two groups, a higher and a lower, in accordance with the standards set out in Chapter VIII.* The Local Education Authority would remain entirely responsible for the higher group, i.e. broadly the retarded group, but would notify those in the lower group—that is to say broadly those who are now classed as idiots and imbeciles, and those feeble-minded children who are in immediate need of public care or control—to the Local M.D. Authority. This latter Authority would be responsible for these children, but it would be the *duty* of the Local Education Authority, in return for payment by the Local M.D. Authority, to provide for their education and training at suitable Centres or otherwise, in such a way as, having regard to local conditions, may best meet their needs. (Chapter VII, paras. 116–119.)

(b) *Older children.*—At the age of 11 + when the normal period of primary education ends, there will be a general survey of all children whether normal or retarded, with a view to determining the type of post-primary education to which each child should proceed. This survey with the necessary modifications, including appropriate medical and psychological examination, should be used

* Paragraph 163.

for sorting out the various groups of retarded children and determining what further children, being mentally defective, should now be transferred to the Local M.D. Authority. Those who are found to have made hitherto no substantial progress in scholastic or manual work, and are also found to require care and control under the Mental Deficiency Act, would be notified to that Authority who would become entirely responsible for their care, education and training.

While in the case of notified children under 11 the Local Education Authority would have the duty of providing for their education and training in return for payment by the Local M.D. Authority, in the case of notified children over 11 the Local Education Authority would have the power at the request of the Local M.D. Authority, but not the duty, to make such provision in return for payment. The arguments for and against thus differentiating in our recommendations in regard to the responsibility for notified children between those under and those over 11 years of age are fully explained in our Report. (Chapter VII, paras. 120–127.)

The notification of the lower group of children, whether under or over 11, if properly carried out in accordance with the standards and criteria indicated in our Report, will ensure that the children in the schools for the retarded group will not be brought into contact with low grade or detrimental children, whose presence has been a serious handicap to many Special Schools in the past. (Chapter VII, para. 128.)

5. Allocation of Responsibility for Children who require Residential or Institutional Treatment.

Those children who are of too low a grade to attend a Day School or Centre or are for other reasons unable to do so should be sent to Residential Institutions or Colonies, unless they can safely be left in their own homes. Residential accommodation should as a rule be provided by the Local M.D. Authority, though Local Education Authorities should be empowered to provide Boarding Schools for selected retarded children who are not likely to require permanent care and control. It should be open to either Authority to send children for whom they are responsible to institutions provided by the other Authority or by a Voluntary Body. The financial responsibility for notified children would rest with the Local M.D. Authority and that for non-notified children with the Local Education Authority. (Chapter VII, paras. 131–134.)

6. Age Limits for Compulsory School Attendance.

On the assumption that the upper age limit for normal children will be raised to 15, there should no longer be any differentiation in age limits either upperor lower between normal children and those of the grade that has hitherto been certifiable as mentally defective under the Education Act. (Chapter VII, paras. 129, 130 and 135-137.)

7. Certification for purposes of Notification to the Local M.D. Authority.

The Local Education Authority should retain the duty of certifying those children whom it is proposed to notify, and their power to notify a child should not be limited to those over 7 years of age, but should be co-extensive with the ages of compulsory school attendance and should apply to all children within these ages whether attending school or not. (Chapter VII, paras. 142, 143.)

8. Certification of Feeble-minded Children under Section 1(*c*) of the Mental Deficiency Act, 1927.

In order to remove any obscurity in the law the wording of this Section should be amended so as to make it clear that the educational criterion alone is not sufficient and that the criteria applicable to feeble-minded adults apply also to feeble-minded children. (Chapter VII, para. 140.)

9. Mentally Defective Children under the care of Poor Law Guardians.

We recommend that all the relevant provisions of the Education and Mental Deficiency Acts, in so far as these do not now apply to mentally defective children who are in Poor Law Institutions or otherwise dealt with by the Guardians (or the Bodies that are to replace them), should be made to apply to them and that the fact that a child is mentally defective should automatically bring him within the jurisdiction of the Local Education or M.D. Authority, as the case may be. (Chapter VII, para. 144.)

10. Mentally Defective Children charged before a Court and in Home Office Schools.

(*a*) We recommend that the Local Education Authority should be consulted in all cases of children or young offenders brought before a Court under conditions rendering them liable to be sent to a Reformatory or an Industrial School, and that such children should be subjected to a special medical and psychological examination.

(*b*) We further recommend that all children in Home Office Schools in whose case there is reason to suspect mental retardation should be examined in the same way as retarded children in Public Elementary Schools, with a view to proper educational classification and action under the Mental Deficiency Acts if necessary. (Chapter VII, paras. 145–147.)

11. Ascertainment and Notification.

Finally we would urge in the strongest terms that Local Education Authorities should leave no stone unturned in their endeavours to ascertain all children in their areas who are in need of care and control under the Mental Deficiency Acts and that they

should so organise their arrangements as to ensure that no child who requires such care and control should leave any school without having been notified to the Local M.D. Authority. Ascertainment and notification of all such children is fundamental to the successful functioning of the latter Authorities. (Chapter VII, paras. 120, 140 and 142.)

12. Need of Further Research.

We recognise that many of the problems which we have had under consideration require much further research before any final conclusions can be reached, and we recommend that special investigation and research be made particularly in regard to the causation and prevention of mental defect; the further elucidation of the difference of incidence of defect in urban and rural areas; the relationship between mental defect and other social problems; and the educational problems presented by the whole group of retarded children. (Chapter V, paras. 88–91, Chapter VIII, paras. 165–167).

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169. Before concluding this Report the Committee wish to place on record their deep obligation to many persons who have helped them in their work.

As regards their Investigator, Dr. Lewis, the report which he prepared and which accompanies the Committee's own report, will speak for itself. The Committee would like however to express their own view that it is in every respect a document of the first importance. The data on which it is based were secured with great thoroughness in the face of great difficulties; they have been tabulated with extreme accuracy; and the general results of the inquiry have been described with a delightful lucidity. The Committee are profoundly indebted to Dr. Lewis for his work and they are confident that his report and his tables will be found a mine of useful information for many years to come by all who are concerned in the welfare of the mentally defective.

The Committee also desire to record their appreciation of the valuable work done by Miss S. Catherine Turner, as social investigator, and they heartily endorse the tribute to the value of her work paid in the covering letter which Dr. Lewis has addressed to the Committee with his report. The thanks of the Committee are also due to Miss M. O. Charlton and Mrs. N. Williams-Jones for their assistance as field-workers in some of the areas investigated.

They also wish to express their warm appreciation of the conscientious and valuable work done by Mrs. Lewis who not only acted as the Medical Investigator's personal Secretary throughout the whole investigation, but also herself took part in the preliminary selection of retarded and defective children in the schools.

The Committee feel that special thanks are also due to the public Authorities of the areas selected for the special investigation, both for allowing the investigation to be made in their areas and for the whole hearted support which they and their officers—and especially their teachers—gave to the investigators. The investigations could not have taken place at all without their concurrence ; they could not have been so successful but for their skilled and courteous assistance.

The Committee are also indebted to the Board of Education for the clerical assistance placed at their disposal. In particular they wish to record their appreciation of the work of Mr. Sage, whose marked ability was of great help to them and to their Investigator in the preparation of the statistical tables and their application to administrative problems.

Finally to their Secretary the Committee wish to express their warmest thanks. Throughout their inquiry his work on their behalf has been as indefatigable as it has been of uniform excellence. The Committee are unanimous in the view that they could not have had put at their disposal an Officer better qualified for the difficult work that was expected of him.

ARTHUR H. WOOD (*Chairman*).
RALPH H. CROWLEY (*Vice-Chairman*).
CYRIL BURT.
C. EATON.
EVELYN FOX.
ELLEN F. PINSENT.
HILDA REDFERN.
FRANK C. SHRUBSALL.
A. F. TREDGOLD.
F. DOUGLAS TURNER.
N. D. BOSWORTH SMITH (*Secretary*).

APPENDIX I.

EXPLANATORY NOTES ON THE ESTIMATES GIVEN IN CHAPTER VIII OF THE NUMBERS OF CHILDREN WHO CAN ATTEND DAY SCHOOLS OR CENTRES.

It will be our purpose here to show in some detail the methods and calculations which have been adopted in estimating the extent of the provision required for mentally defective and retarded children of various grades, and in applying our proposals to areas of different types and sizes. These calculations, the results of which have been embodied in Chapter VIII, have been based almost entirely on the data relating to school children between the ages of 7 and 14. This group of children was most thoroughly and completely investigated, and we are consequently enabled to draw conclusions relating to the school population which we feel will be of considerable assistance to Local Education Authorities in applying our proposals to their own areas should our scheme be adopted.

We fully recognise, however, that this question of the organisation of education for defective and retarded children—involving, as it does, personal factors, psychological problems, questions of geographical distribution, communications, etc.—cannot be treated as if it were a simple problem of arithmetic. In discussing the possibilities of establishing Schools and Occupation Centres in different types of area, we have not lost sight of this consideration ; but inasmuch as our estimates of the minimum sizes of urban and rural areas which will yield sufficient numbers of children of various grades to enable schools and centres to be established are perforce arrived at by arithmetical computation, the variations which will naturally occur from area to area scarcely warrant our figures being regarded as invariable standards to be applied indiscriminately to individual areas. We believe that they are fairly representative of the country as a whole ; but it must again be emphasised that the areas which are described in this Appendix and in Chapter VIII as " urban " and " rural " can only be regarded as areas typical of their kind, and that in assessing the actual requirements of any one particular area, more especially if this should contain both urban and rural districts, it will be necessary for the Local Authority to apply our figures in the light of their knowledge of local conditions.

We have seen in Chapter V that the incidence of mental defect as revealed by the Committee's investigations differs widely in urban and rural areas. It is necessary therefore to consider these two types of area separately. We have adopted the census classification of districts ; the " urban " areas are composed of the County Boroughs, Municipal Boroughs and Urban Districts, and the " rural " areas include all Rural Districts. Many Local Education Authorities' areas do not, of course, correspond with this classification, and in these cases it may be necessary for the Authority to determine, from their knowledge of local conditions, what modification of our incidence figures is necessary in order that they may be applied with reasonable accuracy to the area in question. Of course, if the population in an area of this kind can be divided with any degree of certainty between urban and rural districts, the appropriate incidence figures can be applied separately.

As we have already stated, our calculations are based on findings in respect of mentally subnormal children between 7 and 14 years of age who were included among the " school population."* Apart from these children

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* For a definition of the " school population " *see* Footnote (*) to Table 1 in Appendix A of the Investigator's Report.

however, there are groups who attend preparatory or private schools, and there are also some in Poor Law Schools or Institutions or not attending school at all. The incidence of defect among the preparatory and private school children at any rate is no doubt considerably lower than that among the " school population " ; but the lower rate of incidence in this group is probably more or less counterbalanced by the higher rate prevailing among the other groups of children outside the school population. However this may be, we are here considering administrative questions, and for this purpose we think that conclusions based on the numbers of defectives found among the school population will fairly represent the practical problems with which Local Authorities will be confronted.

The school population between 7 and 14 does not, however, include the whole age range of children with whom Local Education Authorities will have to deal. We have assumed for the purposes of our scheme that the normal school age will in future range from 5 to 15 ; and in order to estimate the numbers of children in the extended school population of the investigated areas we have increased the numbers given in Column (3) of Table 1 by one-ninth so as to include the children between 14 and 15. Similarly, to find the proportion which the school population between 5 and 15 will bear to the total population of England and Wales, we have taken the actual numbers of children whose names were on the registers of Public Elementary and Special Schools on 31st March, 1927, between the ages of 5 and 14, and have increased this number by one-ninth. The number thus arrived at is almost exactly 15 per cent. of the total population of England and Wales in July, 1927, as estimated by the Registrar-General. In considering the size of town or rural district in which different types of schools and centres could be established, we have therefore assumed that the school population will be approximately 15 per cent. of the total population, though we recognise, of course, that the proportion will vary in different areas. It may be mentioned also, as has recently been pointed out by the Board of Education,* that the number of pupils under 11 will increase and that of pupils over 11 will decline until 1930 ; the number of older pupils will then rise until 1933, in which year it is estimated that there will be 185,000 more pupils between 11 and 14 in the Public Elementary Schools than there are at present. These fluctuations in the school population will affect to a certain extent our estimates of the minimum sizes of areas in which Centres and Schools can be set up.

We will turn now to a more detailed explanation of the methods employed in estimating the numbers of defective and retarded children falling to be dealt with under our scheme and the minimum sizes of typical areas, the results of which are embodied in Chapter VIII. So far as mentally defective children are concerned, we have based our calculations on the data given in Tables 14 and 18 (A) and (B) in Appendix A of the Investigator's Report. Table 14 shows in respect of the investigated urban and rural areas, the actual rate of incidence of each of the three grades of mental defect in children between 7 and 14 years of age ascertained among the school population ; Table 18 (B) gives particulars of the mental ratios of children ascertained at each year of age between 5 and 15, while the numbers of children whose mental ratios were not determined are given in the lower part of Table 18 (A). The figures in these latter Tables include a small number of children other than those ascertained among the school population ; we shall, however, be making use of these Tables only so far as they relate to feeble-minded children,

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* *See* the Board's Circular 1397, issued on 18th May, 1928, and their Educational Pamphlet No. 60 on " The New Prospect in Education." Reference should also be made to the report of the Government Actuary enclosed with the Board's Circular 1395 of 23rd January, 1928.

and in fact the numbers of such children between the ages of 7 and 14 ascertained outside the school population were too small in proportion to all the feeble-minded children ascertained between those ages to affect our results to any appreciable degree.*

Our scheme contemplates the establishment of schools and classes not only for children who under the present system could properly be certified as mentally defective under the Education Act (that is to say, the children who were classified as feeble-minded in our investigation), but also for large numbers of dull and backward children. The figures given in Dr. Lewis' Report do not extend to children of a higher grade than the " feeble-minded," that is, to children with mental ratios up to 65 or 70.† For retarded children of a higher grade, Professor Cyril Burt has kindly supplied us with the results of extensive investigations carried out by him in London and Warwickshire relating to children with mental ratios up to 80. The data of these two independent investigations have been amalgamated, and from them we have been able to compile Table A, which shows the approximate distribution of mental ratios below 80 per cent. among the general school population.

The percentages given in this Table will, we believe, apply with a reasonable degree of accuracy to typical urban and rural areas and to the whole school population of the future, that is to children between the ages of 5 and 15.

Table A.‡

PERCENTAGES BASED ON FINDINGS IN REGARD TO MENTALLY DEFECTIVE AND RETARDED CHILDREN BETWEEN THE AGES OF 7 AND 14.

Mental Ratio.	Urban Areas.		Rural Areas.	
	Percentage of age group or school population.	Increment.	Percentage.	Increment.
Below 50	0·38	—	0·61	—
„ 55	0·58	0·20	0·97	0·36
„ 60	0·93	0·35	1·73	0·76
„ 65	1·44	0·51	3·00	1·27
„ 70	2·22	0·78	5·11	2·11
„ 75	3·75	1·53	8·96	3·85
„ 80	6·86	3·11	17·84	8·88

We may now proceed to show, by means of a few detailed examples, the statistical methods which were employed in estimating the incidence rates and minimum sizes of areas for various groups of children which have been given in Chapter VIII of our Report and are summarised in Tables (B) and (C) at the end of this Appendix.

The following calculations refer only to children who are left in the general community. The provision of institutional care is discussed in Chapter 5 of the Investigator's Report.

* Out of 1,630 feeble-minded children ascertained between 7 and 14 only 23, or less than 1½ per cent., were outside the school population.

† *See* Table 18 (B) and the discussion of this Table in Chapter 4 of Dr. Lewis' Report, pages 99–101.

‡ A chart based on the data in this Table appears on page 169 of this Appendix.

(a) *Occupation Centres.*

In discussing the applicability of our scheme to areas of different types and sizes, we propose to deal only with those lower grade children who can attend a day centre. Most, if not all of the idiots, and a proportion, which we will take to be about one-half,* of the imbeciles, will require to be sent to Institutions. Therefore, in any given urban or rural area the incidence per 1,000 school population represented by imbeciles for whom provision should be made in day centres will be approximately one-half that given in Table 14 (C). These incidence rates will have to be applied to the new school population from 5 to 15 years of age, which we assume to be the normal period of compulsory school attendance in the future.

To estimate the provision required for children under and over 11, it is necessary to arrive at a reasonable method of splitting up the incidence figures in question so as to get separate rates of incidence for the age-groups 5 to 11 and 11 to 15 respectively. We cannot adopt the simple expedient of apportioning the figures between younger and older groups in the proportion 6 : 4, because the numbers of imbecile children ascertained by Dr. Lewis varied appreciably according to their age, the rate of ascertainment in the older group being considerably higher than in the younger. Actually, 177 imbeciles were ascertained between the ages of 5 and 11, and 166 between 11 and 15. We think, therefore, that the division of the incidence rates in Table 14 (C) between the two groups should be based upon the relative proportion of the actual numbers of imbeciles ascertained in each of these groups. Applying this method, we find that after allocating one-half of the group to Institutions, the estimated rate per 1,000 total school population represented by imbeciles between 5 and 11 for whom provision should be made in Occupation Centres is 0·78 in urban areas and 1·24 in rural areas. The corresponding rates for the 11 to 15 group of imbeciles are 0·73 for urban areas and 1·17 for rural areas. On the basis of these rates of incidence the smallest urban area in which an Occupation Centre for 10 imbecile children between the ages of 5 and 11 could be established will be one containing a population of $(10 \times \frac{1000}{0{\cdot}78} \times \frac{100}{15})$ approximately 85,000 persons.

The next group referred to in Table B is that of children between 11 and 15 years of age with mental ratios below 55. We have already estimated the rate per 1,000 school population represented by imbeciles between the ages of 11 and 15 who will be suitable for training in Occupation Centres to be 0·73 in urban areas and 1·17 in rural areas, and to these must be added similar rates for the lower grade feeble-minded children of the same age with mental ratios between 50 and 55. Table 18 (B) gives the numbers of children ascertained between the ages of 5 and 15 together with their mental ratios, and we may safely assume that all children shown in this table to have ratios of over 50 were feeble-minded. It will be seen from this Table that the numbers of children aged 14 to 15 were considerably lower than in any single year in the 11–14 group. In order therefore to obtain a more accurate estimate of the actual numbers of feeble-minded children between the ages of 11 and 15 in the investigated areas, we will assume that the number in the 14 to 15 group was equal to one-third of the total number found in the 11–14 group. This gives us 69 children with mental ratios between 50 and 55 in the urban areas and 89 in the rural areas. A certain proportion of these children will, however, be more suitable for teaching in Residential Schools than in Occupation Centres, and the figures given in Table 24 (3) indicate that the numbers of such children will be about one-fifth of all the feeble-minded children ascertained. We will, therefore, reduce the numbers given above by one-fifth, which leaves us with 55 children in the urban areas and 71 in the rural areas, representing respectively 0·97 and 1·63 per 1,000 total school population.

---

* This assumption is broadly substantiated by the figures in Table 25 (A).

We find, therefore, that when this group of feeble-minded children is added to the imbeciles between 11 and 15, the estimated rate per 1,000 school population represented by children with mental ratios under 55 who may be deemed suitable for training in Occupation Centres for older children will be about 1·70 in an urban area and 2·80 in a rural area. This means that in order to find 10 children of this grade we should require an urban area containing a total population of ($10 \times \frac{1000}{1 \cdot 70} \times \frac{100}{15}$) approximately 40,000 persons. In a rural area a population of about 24,000 persons would be necessary.

The more general scheme that we contemplate, however, is that provision will be made for younger and older children together. If similar calculations are made in respect of this composite group, consisting of children between 5 and 11 with mental ratios under 50 and children between 11 and 15 with mental ratios under 55, we find that an Occupation Centre for ten children can, so far as numbers go, be established in an urban area with a population of 27,000 and in a rural area containing some 16,000 inhabitants.

(b) *Classes and Schools for Retarded Children.*

Here we are concerned with children between the ages of 7 and 15. The school population between the ages of 7 and 14 in the areas which were investigated is shown by Table 14 to be 37,743 in the urban areas and 28,637 in the rural areas. We will assume for the purpose of these calculations that the school population from 7 to 15 under the new system would be 8/7ths of these numbers, and that this population would be equally divided between the age-groups 7 to 11 and 11 to 15. This latter assumption may perhaps not be quite accurate at present, but it should be approximately correct when the birth-rate has attained some measure of stability.

The first group referred to under (2) of Table B is that of children between 7 and 11 years of age with mental ratios between 50 and 80. The method of arriving at an estimate of the proportion which this group of children bears to the total school population, together with the minimum population in urban and rural areas which will be necessary to yield sufficient numbers of feeble-minded and retarded young children, is as follows.

The percentage of children in urban areas with mental ratios between 50 and 70 is shown in Table A above to be 1·84. From this we will deduct one-fifth as representing the proportion of feeble-minded children who will need to be sent to Residential Schools. Adding the percentage for the 70–80 group (4·64) we get 6·12 per cent. as the total for the whole group who may be deemed suitable for junior retarded schools or classes.

The school population between the ages of 7 and 11 in the investigated urban areas we will, as stated above, take to be ($\frac{1}{2} \times \frac{8}{7} \times 37{,}743$) approximately 21,570. 6·12 per cent. of this equals 1,320. The estimated school population between 5 and 15 in the investigated urban areas is ($50{,}889 \times \frac{10}{9}$) say 56,540. In other words, in a school population of 56,540 children we find 1,320 feeble-minded and retarded children between the ages of 7 and 11. On this basis therefore 23·35 out of every 1,000 children in the total school population in an urban area may be expected to prove suitable for instruction in junior schools or classes such as we contemplate.

The method of arriving at an estimate of the minimum total population of an urban area which may be expected to yield a sufficient number of children of this group to establish a class of 20 now becomes similar to that adopted in the case of occupation centres. The population of the urban area in question may be estimated at ($20 \times \frac{1000}{23 \cdot 35} \times \frac{100}{15}$) approximately 5,700.

Similar calculations to those detailed above have been used in assessing the sizes of areas necessary for the other group of children shown in (2) of Table B.

Table B.

TABLE SHOWING THE MINIMUM POPULATION REQUIRED TO PERMIT OF THE ESTABLISHMENT OF CENTRES AND SCHOOLS IN AREAS OTHER THAN THE LARGEST TOWNS.

(1) *Occupation Centres.*

(a) *for younger and older children separately* :—

			Minimum total population.		Number per 1,000 Sch. Popn. 5–15.	
Unit.	*Age.*	*Mental Ratio.*	*Urban.*	*Rural.*	*Urban.*	*Rural.*
10 children..	5–11	under 50	85,000	[54,000]*	0·78	1·24
do. ..	11–15	under 55	40,000	[24,000]*	1·70	2·80

(b) *for younger and older children together* :—

10 children..	5·15	(juniors under 50) (seniors under 55)	27,000	16,000	2·48	4·04

(2) *Schools for Retarded Children.*

Single class of 20 children.	7–11	50–80	5,700	2,200	23·35	61·48
Two class unit of 40 children	11–15	55–80	11,700	4,400	22·73	60·43

* These numbers are given for purpose of illustration, although it will scarcely prove practicable to establish centres in scattered rural areas.

Table C.

TABLE SHOWING THE ORGANISATION SUGGESTED FOR THE LARGEST TOWNS.

Age.	*Mental Ratio.*	*Type of school or centre.*	*Approximate numbers.*†
5– 7	Under 50	Occupation Centre	8
7–11	Under 50	Occupation Centre	16
	50–70	Junior School for Retarded Children (lower grade)	170
	70–80	Do. (higher grade)	530
11–15	Under 55	Occupation Centre	50
	55–70	Senior School for Retarded Children (lower grade)	150
	70–80	Do. (higher grade)	530

† These refer to a town with a total population of 200,000 and a school population (5–15) of about 30,000. The numbers are based on the incidence rates given in Table B.

Chart based on Table A

showing percentages of Mentally Defective
and Retarded Children with certain Mental Ratios
between the ages of 7 and 14

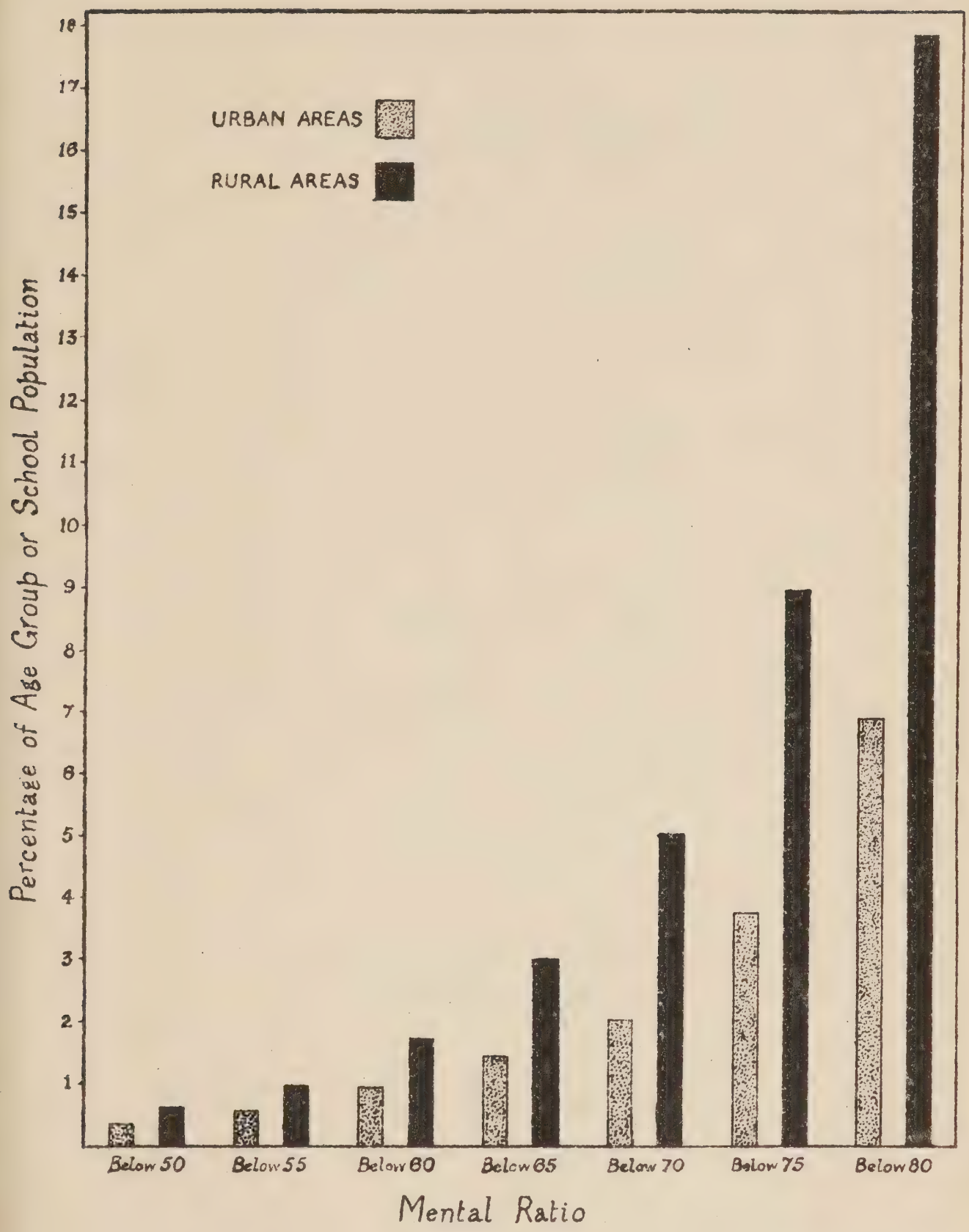

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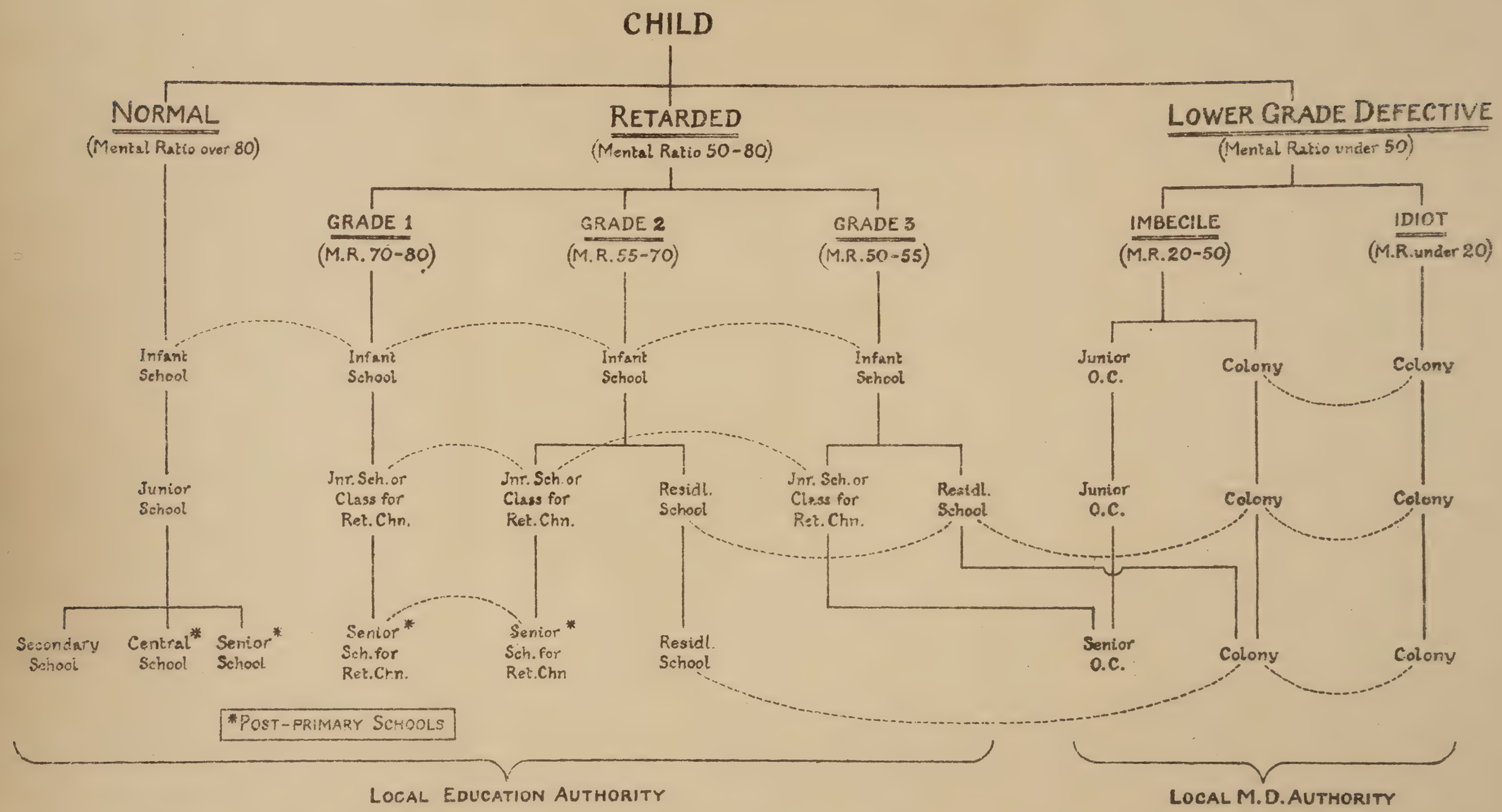
DIAGRAM showing the Normal Stages in the Education or Training of a Child according to Age and Grade



NOTES: (1) The term "retarded" includes, as well as those children who are merely dull or backward, a considerable number of children who are at present certifiable as mentally defective under the Education Act. Some of these will, at some time during or at the end of their school life, require to be notified to the Local M.D. Authority for care and control.

(2) The dotted lines indicate groups of children of the same age but of different grades who, subject to proper classification, may be accommodated in the same school or institution.

(3) The brackets at the foot indicate the Authority financially responsible for the child.

(4) The upper and lower mental ratios in each grade indicate the approximate limits only.

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REPORT

OF THE

MENTAL DEFICIENCY COMMITTEE

being a Joint Committee of the

BOARD OF EDUCATION AND BOARD OF CONTROL

PART III — The Adult Defective.

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THE REPORT

OF THE

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PART I —General	Published in One Volume.
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The estimated gross cost of the special investigation into the incidence of Mental Deficiency and of the preparation of the Committee's Report (complete) is £5,166 0*s.* 9*d.*, of which £470 represents the gross cost of printing and publishing the Report.

L. G. Brock, Esq., C.B.,
Chairman of the Board of Control,
Caxton House West,
Tothill Street,
Westminster, S.W.1.

Sir,

I have the honour to submit to you as Chairman of the Board of Control the report* of the Committee appointed by Sir George Newman to consider the problems presented by the mentally defective child. As you are aware, the scope of our deliberations was extended early in 1925, so as to include adult defectives, and our report is accordingly being presented to you as well as to the Chief Medical Officer of the Board of Education.

The Committee met on 42 occasions. In addition a number of meetings of Sub-committees were held to consider those aspects of the question of which particular members were more closely cognisant.

At an early stage we were forced to the conclusion that the only way of supplying an answer to the first of the questions put to the Committee, namely, "How many mental defectives are there?" was to hold an investigation in a number of typical areas. We wish to express our thanks to the Board of Control and the Board of Education for having put at our disposal funds for this purpose. With this assistance we were able to secure the services, as Medical Investigator, of Dr. E. O. Lewis, whose report on his inquiry is attached to ours. His investigation covered six areas each containing a population of about 100,000. Within these limits we believe that his investigation was more comprehensive than any similar inquiry hitherto held in this or in any other country, and we are convinced that Dr. Lewis' findings can be accepted not only as furnishing a reliable answer in regard to the question of incidence of mental defect, but also as affording very useful guidance to the Committee in their consideration of the second main question submitted to them namely, "What is the best way of dealing with mental defectives?"

Apart from the use which we have ourselves made of his report, we believe that it will prove of the highest value to all those who are concerned in any way with the various aspects, administrative, scientific, or social, of mental deficiency.

We realised from the first that if Dr. Lewis were to be given adequate time in which to complete his field work, tabulate his data and prepare his report, a considerable period must elapse before our own report, which is necessarily based to a large extent on his findings, could be completed, though all possible progress

* Since this letter was written the form of the report has been altered on the lines indicated in the Foreword.

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was made with its preparation while Dr. Lewis was at work. The preliminary arrangements for his inquiry, the investigation itself, and the writing of his report occupied three and a half years, after which a further period was required by the Committee for the completion of their report. We are conscious that our report has grown to dimensions which we did not contemplate at the outset, but it seemed to us impossible to make our recommendations for the future fully intelligible unless on the one hand we related them to the background of a clear and detailed description of present conditions and on the other broke away from piecemeal suggestions and tried to look at the problem as a whole. We hope that sufficient value may be found in Dr. Lewis' report and in our own to compensate both for their length and for the delay in presenting them. The questions with which we have had to deal constitute one of the major social problems of our time, and we are convinced that treatment less thorough could have been of little or no permanent use to the Departments concerned, and through them to the country at large.

I have the honour to be, Sir,
on behalf of the Committee,
Your obedient Servant,
(Signed) A. H. WOOD,
Chairman.

Romeyns Court,
Great Milton,
Oxford.
19*th January*, 1929.

Members of the Mental Deficiency Committee.

Arthur H. Wood, M.A., C.B., late Assistant Secretary, Medical Branch, Board of Education, *Chairman.*

Ralph H. Crowley, M.D., M.R.C.P., Senior Medical Officer, Board of Education, *Vice-Chairman.*

Cyril L. Burt, M.A., D.Sc., Professor of Education, University of London, Psychologist, London County Council.

Cecil Eaton, M.A., Assistant Secretary, Medical Branch, Board of Education.

Miss Evelyn Fox, Honorary Secretary, Central Association for Mental Welfare.

Mrs. Hume Pinsent, M.A., C.B.E., Commissioner, Board of Control.

Miss Hilda Redfern, Head Mistress, Monyhull Colony School for Mentally Defective Children, Birmingham (since 1927, Inspector, Board of Control).

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F. Douglas Turner, M.B., Medical Superintendent, Royal Eastern Counties Institution, Colchester.

N. D. Bosworth Smith, Principal, Medical Branch, Board of Education, *Secretary.*

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FOREWORD.

As was explained in the Prefatory Note to that portion of the Mental Deficiency Committee's Report which was published in April 1929, the Committee originally presented their Report as a single document dealing with the whole problem of mental deficiency. For the reasons stated in that Note the Report was subsequently divided, Part I (the general introduction) and Part II (the discussion of the problem of the mentally defective child) being published, while Part III (which deals with the adult defective) was held over for consideration by the Board of Control and the Ministry of Health.

In dividing their Report in this way the Committee found it impracticable to exclude from Parts I and II all reference to adult defectives, since many of the administrative and social problems presented by mental deficiency are common both to adults and to children. In Chapter I, for instance, the Committee describe how their inquiry came to be extended so as to include adult defectives. In their discussion in Chapter II of the "Nature of Mental Deficiency" from the medical, scientific and sociological points of view, they necessarily deal with its manifestations in persons of all ages, and indicate the underlying factor which is common to them all, the defective's incapacity for independent social adaptation. Again in Chapter III, in their review of the history of legislation relating to the mentally defective and in their statement of the law upon which present administration is based, the Committee found it impossible to discuss the legal enactments which affect a mentally deficient child except in their relation to the corresponding enactments in regard to adult defectives.

In presenting Part III as a separate volume the Committee have thought it unnecessary to repeat anything that has been published in these three Chapters, which constitute Part I, except portions of their description of the statutory powers and duties of the various public authorities which deal with the mentally defective. In regard to Part II however they have felt bound to proceed on somewhat different lines. That part contained in Chapter V a discussion of the findings of the investigation made by Dr. Lewis. Much of that discussion was necessarily concerned with the magnitude of the problem of mental defect as revealed by his investigation, with its relation to other social problems and with the question whether the incidence of mental deficiency is increasing. These aspects of the question must be considered as a whole and cannot be broken up into watertight compartments, some concerning children and others adults. Any review which was to do justice to the deep significance of the data presented by the medical investigator was bound to cover these wider questions, and the Committee accordingly included a

discussion of them in Part II, despite the fact that this section of their report related primarily to children. At the same time these data are so closely related to the problems with which the Committee are concerned in Part III that they have thought it essential to reprint in this volume certain portions of Chapter V of the earlier volume. They have moreover included in it certain portions of their description of the methods of ascertainment employed by Local Mental Deficiency Authorities, and also certain of their general conclusions and recommendations which have already appeared in Part II.

While it will thus be seen that so far as adults are concerned the Committee have tried to make Part III of their Report self-explanatory and to obviate the need for constant reference to Parts I and II, it must be clearly understood that Part III does not by itself form a comprehensive review of the functions and work of Local M.D. Authorities. Some of the most important duties of these Authorities relate to children and these are discussed in the earlier volume. Moreover, even in relation to adults these Authorities and others concerned will find a study of Parts I and II very desirable. Lastly, it will be obvious that inasmuch as Part III, like the other sections of the Committee's Report, is largely based upon the findings of the special investigation made by Dr. Lewis, constant reference to Part IV which contains his report of that investigation will be necessary.

31*st May*, 1929.

PART III.—THE ADULT DEFECTIVE.

CHAPTER I.

THE LAW AS IT AFFECTS THE ADULT DEFECTIVE.

1. At the outset of Part III of our Report it may be convenient if we give a brief outline* of the functions of the various public Authorities, other than Local Education Authorities, who are concerned with the mentally defective, since the suggestions and recommendations which we shall make in later chapters can only be fully understood in relation to the statutory provisions on which the work of those Authorities is based. For a fuller account of the legal enactments concerning mental defectives we must refer the reader to Part I of our Report, but we hope that the following account of the law as it affects the adult defective will be found sufficiently comprehensive for practical purposes.

I. Functions of Local Authorities under the Mental Deficiency Acts, 1913–1927.

(a) *Statutory Duties.*

2. The Act of 1913 set up the Board of Control as the central body and the County and County Borough Councils as the Local Authorities for the purposes of the Act. These Local Authorities are required by Section 30 of the Act of 1913, as amended by Section 7 of the Act of 1927,

(*a*) to ascertain what persons in their area are defectives subject to be dealt with under the Act (apart from children between 7 and 16) ;

(*b*) to provide suitable supervision for these persons or if such supervision affords inadequate protection to secure that they shall be dealt with by being sent to institutions or placed under guardianship ;

(*c*) to provide suitable and sufficient accommodation for those who are sent to institutions and to maintain them in those institutions ;

(*cc*) to provide suitable training or occupation for defectives under supervision or guardianship or in institutions ;

(*d*) to make provision for the guardianship of those who are placed under guardianship.

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* The greater part of this Chapter has already appeared in Part I, Chapter III, of the Committee's Report, but a description of certain functions of public Authorities in relation more particularly to adult defectives has been added.

They are also empowered by Section 30 (*e*) if they think fit, to maintain or contribute towards the maintenance in an institution or approved home or under guardianship of any defectives other than those referred to above.

The Local Authorities are, however, under no obligation to deal with any defectives who are already being dealt with under the Education, Poor Law* or Lunacy Acts.

(b) *Limitations on the powers and duties of Local M.D. Authorities.*

3. Now the powers and duties of the Local Authorities thus described appear at first sight to be sufficiently comprehensive and to be limited only by the three exceptions referred to in the preceding paragraph. There is, however, a further limitation, which, when taken in conjunction with these exceptions, greatly restricts their functions. Section 30 (1) of the Act of 1913 gives the Local Authorities powers and duties in respect of defectives who are "subject to be dealt with" under the Act, and the only types of defective who are subject to be dealt with are those described in Section 2 (1) (*b*) as amended by the Act of 1927, namely those :—

(i) Who are found neglected, abandoned, or without visible means of support, or cruelly treated, or with respect to whom a representation has been made to the Local Authority by the defective's parent or guardian that he is in need of care or training which cannot be provided in his home ;

(ii)† Who are found guilty of any criminal offence, or who are ordered, or found liable to be ordered, to be sent to a certified Industrial School ;

(iii)† Who are undergoing imprisonment (except imprisonment under civil process), or penal servitude, or undergoing detention in a place of detention by order of a court, or in a Reformatory or Industrial School, or in an Inebriate Reformatory, or who are detained in an Institution for Lunatics or a Criminal Lunatic Asylum ; or

(iv) Who are habitual drunkards within the meaning of the Inebriates Acts, 1879–1900 ; or

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* The latter part of proviso (ii) of Section 3 of the Mental Deficiency Act, 1913, has been repealed by Section 14 (4) of the Local Government Act, 1929. Owing to this repeal the statutory duties imposed on Local M.D. Authorities by Section 30 of the former Act now extend to defectives, hitherto provided for under the Poor Law, who are "subject to be dealt with" under the Mental Deficiency Acts. Moreover Section 5 of the Local Government Act empowers County and County Borough Councils to declare by scheme that any assistance that could be provided, either by way of poor law relief or by virtue of the Mental Deficiency Act, 1913, shall be provided exclusively under the latter Act.

† For a description of the functions of the Court in regard to these categories of defectives *see* para. 9 below.

(v) In whose case such notice has been given by the Local Education Authority as is hereinafter in this Section mentioned; or

(vi) Who are in receipt of Poor Relief at the time of giving birth to an illegitimate child or when pregnant of such child.

In other words, the Local Authority have no power or duty to ascertain or provide for any defective unless and until he or she has been found neglected or cruelly treated or without visible means of support, or has come into contact with the law, or got into serious trouble—except in the case of persons brought to the Authority's notice by their parents (Section 2 (1) (*b*) (i) of the Act of 1913 as amended by Section 2 of the Act of 1927) and of children notified by the Local Education Authority (Section 2 (1) (*b*) (v)). It is thus clear that the exercise of their functions by the Local M.D. Authority is in the main dependent on the extent to which Local Education Authorities fulfil their duties in regard to ascertainment and notification. We wish to emphasise this at the risk of some repetition, since it lies at the root of the matter. It must moreover be borne in mind that considerable numbers of defective children are in the hands of Poor Law Authorities and are thus in the main outside the province of the Local M.D. Authorities.

We desire to point out that the limitations imposed by the Legislature on the powers of the Mental Deficiency Authorities have operated in a sense and to an extent which we do not think was contemplated by Parliament. It was, we believe, anticipated that once the Acts* of 1913 and 1914 were passed, practically all defectives (except possibly those under the Poor Law) would in future be caught in the sieve of the Local Education Authority before they reached the age of 16, and that consequently, apart from those who had already passed the age of 16 when the latter Act came into operation, the only defectives whom the Local M.D. Authorities would have to ascertain for themselves would be a small residue who developed tendencies dangerous to themselves or to the community after they had passed out of the jurisdiction of the Local Education Authorities. We believe that it was for this reason that the Act of 1913 so closely limited the classes of adult defectives whom the Local M.D. Authority might themselves ascertain as "subject to be dealt with" under the Act. However this may be, it remains true that large numbers of adult defectives who need care and control are deprived of it owing to the working of these limitations and that one of the main purposes of the Mental Deficiency Acts cannot be achieved unless Local Education Authorities ascertain all the defective children in their areas and notify all who require supervision, guardianship or institutional care. It is in fact the case that except in regard to those defectives mentioned in Section 2 (1) (*b*) (i) of the Act of 1913, in whose case the Local M.D. Authority have

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* i.e. the Mental Deficiency Act, 1913, and the Elementary Education (Defective and Epileptic Children) Act, 1914.

to act on their own initiative, this Authority as the law now stands can take no action in respect of any defective unless and until some other Authority—whether Home Office, Prison, Lunacy, Education or Poor Law—or a Court of Law, or the parents ask them to deal with the case, though it is of course open to them to invite the co-operation of these Authorities.

(c) *Permissive powers.*

4. Mention should also be made of what may be described as the permissive powers enjoyed by the Local M.D. Authorities. There are certain classes of person for whom they have the power, but no duty, to make provision. They may under Section 30 (*e*) of the Act of 1913 "if they think fit, maintain in an Institution or approved Home, or contribute towards the expenses of maintenance in an Institution or approved Home, or the expenses of guardianship of any defectives other than aforesaid," i.e. other than those who are "subject to be dealt with." The assistance given in these cases however is discretionary, and is not aided by contributions from the Exchequer; moreover the expense which may be incurred by the Authority in rendering it must not in any one year exceed the produce of a penny rate. The facts that the Local Authorities are under no obligation to exercise their permissive powers and that the whole of the limited expenditure which they may incur in dealing with these defectives must come out of the rates have resulted in very little use being made of these powers.

(d) *Forms of provision.*

The various forms of provision which may be made for defectives under the Mental Deficiency Acts may be summarised as follows:—

(i) *State Institutions* may be established and managed by the Board of Control for the maintenance of defectives of dangerous or violent propensities.

(ii) *Certified Institutions* may be established by Local Authorities, by Societies or Associations, or under certain conditions by Poor Law Authorities.

(iii) *Approved Homes* may be conducted, for private profit or otherwise, for the reception of defectives supported wholly or partly by voluntary contributions; no defective under Order can be sent to or detained in such a Home.

(iv) *Certified Houses.*—The Board may grant a certificate to a person desirous of receiving defectives into his house for private profit. No Local Authority however can contribute towards the expenses of maintaining a defective in a Certified House.

Where a defective does not require institutional treatment he may be placed

(v) Under the guardianship of a suitable person nominated by the Judicial Authority, or

(vi) Under statutory supervision.

Under the Act of 1927 training must be provided for all defectives who are dealt with in any of these ways, though this obligation does not arise in the case of defectives under supervision if the Board of Control are satisfied that there are adequate reasons for not providing the training.

(e) *Safeguards.*

5. We have already referred to some of the limitations imposed by the Statutes and otherwise on the activities of Local M.D. Authorities. We need only add that from the point of view of the defective the Legislature has been equally careful to provide the fullest possible safeguards against the improper curtailment of individual liberty and the undue detention of defectives. No defective may be placed under guardianship or sent to an institution (except in certain cases at the instance of his parents) without an Order from a Magistrate, and this can only be given under Section 5 of the Mental Deficiency Act, 1913, after the presentation of a petition accompanied by two medical certificates. The Magistrate's Order can only be given, in the first instance, for one year and is subsequently subject to review from time to time. Moreover defectives may be discharged by the Visitors on attaining the age of 21, or by the Board of Control at any time. Similar precautions are taken in regard to defectives dealt with under Sections 8 and 9 of the Act.

II. Functions of other Public Authorities.

6. It will be apparent from what has already been said that Parliament in framing the Act did not in fact place all defectives under one Central Authority, or under a single Local Authority in each area, as recommended by the Royal Commission on the Feeble-minded.* The Mental Deficiency Acts not only contemplate a division of responsibility between Local M.D. and Education Authorities, but also leave outside the sphere of either of these Authorities large numbers of defectives who, in the words of the Royal Commission, " cannot take part in the struggle of life " and so " should be afforded State protection according to their needs," and whose claim to help from the State is not their poverty nor their crime, but their mental condition.

Let us now turn to the principal groups of defectives who fall outside the province of Local Authorities and are dealt with by (*a*) the Poor Law Authorities and (*b*) the Lunacy Authorities.

(a) *The functions of Poor Law Authorities.*†

7. Boards of Guardians under their ordinary powers for the relief of the poor—and in particular under the Poor Law (Certified

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* *See* Part I, Chapter III, para. 34.

†This Report, except where expressly indicated, does not take account of alterations in the law which have been brought about by the passing of the Local Government Act, 1929, since the Report was presented.

Schools) Act, 1862, the Poor Law Amendment Act, 1868, Section 4 of the Poor Law Amendment Act, 1851, and Section 10 of the Poor Law Act, 1879—may send any mental defective chargeable to their Union to any appropriate institution. They are empowered to select the proper form of relief for a poor person requiring relief on account of sickness, accident or bodily or mental infirmity. Special powers have been given in London to the Metropolitan Asylums Board. Thus, Guardians have ample powers to maintain any defective in a workhouse or in an appropriate institution, and practically the only stipulation is that this provision shall be made " on the advice of the Medical Officer." Wide use has been made by Guardians of these powers and there is reason to believe, as we shall show later, that there are many more defectives in Poor Law and other institutions maintained by Guardians than there are in Certified Institutions under the Mental Deficiency Act. With certain exceptions these defectives are not within the purview of the Mental Deficiency Acts, are not detained in accordance with the provisions of these Acts and do not benefit from the safeguards or protection which they provide. For example, their cases are not periodically reviewed in conformity with Section 11, nor can they be licensed from the institutions by the methods applicable to cases which are detained under the Act. Moreover, it is left to the discretion of Guardians whether defectives shall be treated as paupers or as mentally defective persons. It is true that Boards of Guardians have the power, under Regulations,* to report cases to the Local M.D. Authority, but they have no duty to do so. Defectives dealt with by Guardians are under no certificate† and may be discharged by the Guardians or withdrawn by their parents or relatives at any moment. Guardians are under no obligation to establish special institutions or colonies for defectives, though some of them have set up institutions of this sort. The defectives attending them, however, cannot be sent out on licence or transferred by a Varying Order to guardianship, they enjoy none of the safeguards provided by the Mental Deficiency Acts, and however great their need of institutional control, they may take their discharge as soon as they cease to be children.

(b) *The functions of Local Authorities under the Lunacy Acts,* 1890–1911.

8. Section 30, proviso (iii) of the Mental Deficiency Act, 1913 provides that—

> " Nothing in this Act shall affect the powers and duties of Local Authorities under the Lunacy Acts, 1890–1911, with respect to any defectives who may be dealt with under those Acts, nor shall Local Authorities under this Act have any duties

* The Regulations in question are made under the Mental Deficiency Act, 1913, latter part of Section 30, proviso (ii), which is now repealed.

† Except in the case of the comparatively small number of defectives detained under Section 24 of the Lunacy Act, 1890.

or powers with respect to defectives who for the time being are, or who might be, provided for by such Authorities as aforesaid except to such extent as may be prescribed by Regulations made by the Secretary of State with the concurrence of the Lord Chancellor."

Regulations enabling the transfer of defectives, subject to two medical certificates and a Magistrate's Order, from Mental Hospitals to certified institutions have been made, but owing largely to the inadequate accommodation provided by the Local M.D. Authority little use has been made of these Regulations. Mentally defective children and adults are still frequently certified under the Lunacy Acts and are seldom subsequently transferred to the care of the Local M.D. Authority. Mental Hospitals are, as a rule, far from suitable for the treatment of mental defectives, particularly children and young trainable adults; moreover the presence of these defectives may be detrimental to the interests of the other inmates and may and indeed does result in overcrowding.

Defectives attending Mental Hospitals can like other patients be discharged by the visiting committees without reference to the Board of Control or to the Local Authority and without any of the safeguards, such as licence, guardianship or supervision, provided by the Mental Deficiency Acts.

III. Functions of the Court.

9. Among the categories of cases which are subject to be dealt with under the Mental Deficiency Acts are defectives who are found guilty of any criminal offence, and those who are undergoing imprisonment, penal servitude or detention by order of the Court. Under the provisions of Section 8 of the Act of 1913, where the offence is one punishable in the case of an adult by penal servitude or imprisonment (thus excluding cases of murder or treason for which the penalty may be capital punishment) a Court of competent jurisdiction may, if satisfied on medical evidence that the person charged is a defective within the meaning of the Act, either

(1) postpone passing sentence and direct that a petition be presented to a Judicial Authority under the Act with a view to an order sending the subject to an Institution or placing him under guardianship; or,

(2) in lieu of passing sentence may itself make any order which a Judicial Authority might have made.

The exercise of these powers is dependent upon there being available a suitable guardian, or a suitable institution, the Managers of which are willing to accept the defective. Unless the defective be of violent and dangerous propensities it is the duty of the Local M.D. Authority to provide such an Institution or guardian. If the charge is one with which the Court has power to deal summarily it may take the necessary action on finding the charge proven without registering a conviction.

So far as the medical evidence is concerned the Court may act on any evidence given in the course of the trial or may call for further medical and other evidence. It should be noted that evidence is required and that a mere certificate from a qualified medical practitioner is insufficient. Under Section 30 of the Mental Deficiency Act 1913 it would appear to be the duty of the Local M.D. Authority to supply such evidence, on application, after suitable examination and inquiry.

Section 8 (5) of the Act further provides that when a person who is charged appears to be a defective it shall be the duty of the Police to communicate with the Local Authority and to bring before the Court such evidence as to his mental condition as may be available, at the same time informing the person charged and his parent or guardian of their intention. It would appear by implication that this provision would impose a duty on the Court to require the necessary evidence to be brought before it ; and further it would seem that if the Local Authority become aware that a defective has been charged they should take steps to inform the Police or Officer of the Court of the facts and should be prepared themselves to offer evidence.

The only further provision relating to defectives undergoing imprisonment, penal servitude or detention is that contained in Section 9 of the Act of 1913 which empowers the Secretary of State, on being satisfied by the certificate of two medical practitioners that the prisoner is defective within the meaning of the Acts, to transfer such prisoner to an Institution for Defectives, the Managers of which are willing to receive him.

CHAPTER II.

PRESENT ARRANGEMENTS FOR THE ASCERTAINMENT AND CARE OF DEFECTIVES BY LOCAL MENTAL DEFICIENCY AUTHORITIES.

10. In this Chapter we shall begin by describing the methods by which defectives are "ascertained", that is to say, discovered by or brought to the notice of the Local M.D. Authority. We shall then proceed to describe the three main methods by which that Authority can deal with the defectives under the Mental Deficiency Acts, namely, supervision, guardianship, and institutional care and licence.

I. Ascertainment.

(a) *General Observations.**

11. Under Section 30 of the Mental Deficiency Act, 1913, it is the duty of the Local M.D. Authority "to ascertain what persons within their area are defectives, subject to be dealt with," and, as we have already seen, those "subject to be dealt with," as defined in Section 2 of the Act, are broadly speaking those who have been notified by the Local Education Authority and those who are neglected or delinquent or who have got into trouble in other ways. To these categories the Act of 1927 has added those in whose case the parents or guardians have applied to the Local Authority to provide care or training. Thus, the Local M.D. Authority to a very large extent have to depend upon the Local Education Authority and to a less, but still considerable, extent upon other Authorities who are concerned to deal with persons falling within the other categories mentioned in Section 2 of the Act of 1913.

The duty of ascertainment must necessarily be the starting point of all work under the Mental Deficiency Act. Failure in ascertainment means failure in the whole Act. Unfortunately, ascertainment has been adversely affected by the following facts :—

(i) The lack of institutional accommodation which has led both Local Education and M.D. Authorities in many instances to feel that unless the defective ascertained can be sent to an institution it is of little use to know of his existence.

(ii) The want of realisation that supervision affords the best means (apart from the limited category of cases which can be dealt with under guardianship) of keeping in touch with defectives and enabling them to be transferred to institutions as soon as their need is urgent and a vacancy occurs.

* The following observations have already appeared in Part II, Chapter IV, of the Committee's Report, and are reproduced here for purposes of convenience. For a description of the methods of ascertainment of children under 7 and of school age (7–16) *see* Part II, paras. 58 and 59.

(iii) The want of knowledge on the part of officials, social workers and the public generally of the possibility of certifying high grade defectives.

(iv) The fact that Local M.D. Authorities have no power to ascertain for themselves defectives who are in Poor Law Institutions or Mental Hospitals.

To these causes must in the main be attributed the generally low average of ascertainment throughout the country.

The process of ascertainment for the purposes of the Mental Deficiency Acts, 1913–1927 involves two distinct processes, one predominantly of a medical character, the other of a social character. For the purpose of medical diagnosis it is necessary to establish that the subject actually displays serious inefficiency whether in the home, at school or in the working world ; that this inefficiency is not the result of causes such as physical disability or an unfavourable environment, but that it is primarily and essentially due to mental defectiveness ; that the arrest or incomplete development of mind has arisen from inherent causes or been induced by disease or injury and that it existed or arose during the first 18 years of life ; and that the subject falls within one of the classes of defectives defined in the Mental Deficiency Acts. Each of these criteria must be satisfied in every case, but the actual materials for a decision naturally vary with the age of the subject. In general it may be said that a diagnosis is founded upon a critical evaluation of the social, personal and family history in conjunction with a careful interpretation of the data found at the time of the individual medical examination. The diagnosis of mental deficiency may be established without a full history from the data observed by the medical examiner, but it can never firmly be sustained, however much it may be suspected, on the evidence of history alone. Moreover since any action taken may interfere with the full and free liberty of the subject, it is essential that the accuracy of all statements made by informants should be confirmed wherever possible. A full and proper study of the alleged defective individual therefore demands not only clinical observation and diagnostic acumen on the part of the Medical Officer, but a knowledge both of individual mental differences and of the technique of social work on the part of the officer who makes the ancillary inquiries. Training in these matters is the more important since the judicious assessment of capacities, motives and actions necessitates an ability on the part of the Officer to put himself into the position of others and arrive at a judgment without being swayed by personal predilections.

If these postulates be admitted it is clear that specially trained officers are needed for the purpose of ascertainment and that this task cannot satisfactorily be carried out without previous experience of the type of inquiry demanded. In certain areas the work of ascertainment has been assigned to special Medical Officers assisted by a staff of inquiry officers, who may again be assisted by a local

voluntary Mental Welfare Committee. In a few areas there is a whole time *ad hoc* Medical Officer ; in others the help of the Medical Superintendent of a local Mental Hospital has been enlisted ; but in most areas the duty of ascertainment has been assigned to the Medical Officer of Health (who is usually also the School Medical Officer) or to some of the other Medical Officers of the Local Authority who may or may not have been dealing with the mentally defective children in the schools. In many of these areas the investigation of the individuals who are alleged to be defective is carried out in considerable detail. In some other areas, however, there is no specially assigned Medical Officer and the duties are carried out by the lay officer who also acts as the executive officer of the Local M.D. Authority. This lay officer either himself or through his assistants investigates cases primarily with a view to determining whether, if found defective, they could be regarded as subject to be dealt with ; and it may well be that he will only ask for a medical report on doubtful cases or on those in which it is proposed to present a petition.* In such areas there is at least a possibility of error, since the form of care required in any given case is dependent upon the nature and degree of the mental defect found.

Even when the fullest provision for staffing has been made, the efficiency of ascertainment depends on the liaison established between the Local M.D. Authority and other Authorities, Institutions, Mental Welfare Associations and other Societies in the area. As yet only a small, though far from negligible, number of defectives has come to light as a result of applications for assistance on the part of relatives. It is to be anticipated that the amendment made by the Act of 1927 in Section 2 (1) (*b*) (i) of the Act of 1913 will lead to a material increase in these numbers, but even so the main source of information will continue to be the other Authorities referred to above.

Of these other Authorities, the most important are the Local Education Authorities and the Poor Law Guardians. Local Education Authorities as already explained are themselves ascertaining authorities, and there is as a rule reasonably adequate liaison between them and the Local M.D. Authority so far as the Counties and County Boroughs are concerned, since in these areas the Council is the Authority under both Acts. In the case of those Boroughs and Urban Districts, however, in which the Council is the Local Education Authority for Elementary Education but not the Local Authority under the Mental Deficiency Act, the measure of co-operation with the County Mental Deficiency Authority is by no means always satisfactory. Some Local M.D. Authorities accept the submission of the Report and Certificate by the Local Education Authority's Certifying Officer as the equivalent of the medical side of ascertainment for the purposes of the Mental Deficiency Acts, and

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* In urban areas a medical opinion will more often be secured.

in areas where school ascertainment is carefully performed there is little need of further medical examination unless and until it is deemed necessary to present a petition, since the Local Education Authority and their Officers should be able to supply full information.

At the same time we must bear in mind that the powers of Local Education Authorities to ascertain defective children between the ages of 7 and 16 if they are under the Poor Law are limited. This is a serious leakage for which neither Authority is responsible. As many of these children have no homes, or bad homes, they are often in need of protection under the Act when they leave the care of the Guardians. Where the Local Education and Mental Deficiency Authority are working in close co-operation with the Poor Law Guardians this leakage may be minimised, but it exists in most areas in the country.

Co-operation between the Mental Deficiency Authority and the Guardians is essential if the work of ascertainment is to be efficiently performed, since, owing to the operation of Section 30, proviso (ii)*, of the Act of 1913, the Local M.D. Authority have no power to ascertain defectives who are in the hands of the Poor Law Authorities ; and as these constitute a large proportion of the total number of defectives in the country, the functions of the Mental Deficiency Authority are to a great extent dependent on the attitude of the Guardians. If the Guardians are friendly, co-operative and alive to the importance of the problem, they can report to the Local Authority all defectives requiring the forms of care contemplated in the Mental Deficiency Acts and the Authority may accept responsibility for these cases if they are " willing and able " to do so ; if, on the other hand, the Guardians prefer to keep the defectives in their own hands, they may do so, and the Local Authority can do nothing. Many Boards also are influenced by their knowledge of the shortage of accommodation, and not realising that supervision enables the Local Authority to keep in touch with all the defectives, they make little use of the regulations† made under Section 30, proviso (ii), and the defective leaves the Poor Law Institution with no more protection than the normal person. The failure on the part of Guardians to make wider use of these regulations for the purpose of reporting defectives to the Local M.D. Authority is largely due to lack of close co-operation between the two Bodies, but its use is in practice further restricted by the fact already noted that the Local Authority are under no obligation to accept responsibility for these cases unless they are " willing and able " to do so.

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* The repeal of the latter half of this proviso by Section 14 (4) of the Local Government Act, 1929, makes it the duty of the Local M.D. Authorities to ascertain defectives hitherto provided for by the Poor Law Authorities or Public Asssistance Committees. See footnote on page 2.

† These regulations are no longer operative.

We have already referred to the fact that the Local Authority cannot ascertain defectives in the Mental Hospitals. Many defectives, who as the result of psychosis have been certified under the Lunacy Act, are discharged, when the acute condition has been cleared up, without reference to the Local Authority and are then lost sight of.

(b) *Ascertainment of defectives over* 16 *years of age.*

12. For alleged defectives over the age of 16 information most often comes from voluntary Mental Welfare Associations or from miscellaneous sources such as friends, practitioners, hospitals, relieving officers, rescue homes, charitable organisations, probation officers and the like. A number are brought to light by notifications from the Guardians and others from police courts or from prisons. In a few areas a liaison is established between the medical officers of the prisons and of the Local M.D. Authorities, whereby the latter can inform the prison medical officers of the past history so far as it is known of any prisoners who may be under observation. This exchange of information is of advantage to all concerned. The respective frequency of these different sources of information naturally varies from place to place. From a report of the London County Council it appears that in the years 1925, 1926 and 1927 the sources of information for 888 cases brought to the notice of the Local Authority for ascertainment were:

Voluntary Association	196
Police Courts (Section 8)	200
Prisons (Section 9)	14
Poor Law	113
Miscellaneous sources	365

Of these cases, 67 per cent. were under the age of twenty-five, and a further 8 per cent. under thirty, which shows that the mental defect manifested itself to an extent which necessitated action for the most part within the first decade after leaving school.

(c) *Total Ascertainment.*

13. The actual number of defectives of all ages reported to the Local M.D. Authorities in England and Wales at the date of the latest returns that are available, is 61,522 or approximately 1·57 per thousand of the total population. The ratio of defectives reported to these Authorities ranges from 0·03 to 4·66 per thousand—a fact which of itself shows how wide must be the variations in completeness of ascertainment and how little these Authorities can do in the numerous areas where the number of defectives reported is no greater or is even less than the average. Of those defectives who have been reported to the Local Authorities, 38,979 (or not quite one per thousand of the total population) have been ascertained as subject

to be dealt with ; in 5,285 cases no decision has been reached ; and in the remaining cases, numbering 17,258, it has been found that the persons reported, though defective, are not subject to be dealt with.

II. Supervision.

14. The Supervision or visiting of defectives in their own homes had a twofold origin, namely the after-care of defective children leaving Special Schools and the home visiting of defectives needing institutional care carried out by voluntary societies for the feeble-minded, of which there were a few before the passing of the Mental Deficiency Act 1913. Large towns such as Birmingham, Bradford, Bristol, Liverpool and London had voluntary committees and visitors who kept in touch with the children when they left school, visited the homes and helped them to find work. Birmingham, for example, has a continuous record of children leaving the schools since 1901. The voluntary societies for the feeble-minded, whose main work was propaganda for getting homes and institutions for defectives, promoting legislation, etc., also visited individual cases in their own homes and knew of many defectives in their area. Such societies as the Cambridge Society for the Feeble-minded had knowledge, when the Mental Deficiency Act was passed, of many cases to be brought under the Act. These societies and committees extended their scope of work and have with practically no exception become Mental Welfare Associations.

Under Section 30 (*b*) and (*cc*) of the Mental Deficiency Acts 1913 and 1927, the duty is laid on Local Authorities to provide supervision in their own homes for defectives subject to be dealt with, so long as supervision affords them sufficient protection, and to see that they are being trained and occupied.

This duty is carried out by Local Authorities either through specially appointed Supervision Officers or through Health Visitors, School Nurses, or, in many areas, through Local Mental Welfare Associations (to whom they make grants for salaries of officers, travelling and other expenses), or by a combination of the above methods. The employment by the Local Authority of their own special officers appointed for the purpose has obvious advantages ; but it is practically impossible in a rural or scattered area for one officer to supervise defectives satisfactorily without the assistance of Local Visitors. Where this has been realised the Local Authorities have, in many areas, recognised a Mental Welfare Association and the supervision has been carried out by means of the use of their friendly visitors. The employment of Health Visitors rather than of one officer only is more satisfactory, provided that the visitors are specially trained and that the Local Authorities appoint a sufficient additional number to cope with the work and do not rest satisfied with placing this additional duty on their existing staff. In most

cases the Local Authorities make the officers who are responsible for ascertainment responsible also for carrying out themselves, and through their staff, the duties of supervision.

The importance of employing trained social workers as visitors and giving them in addition some special training in mental deficiency work has not been sufficiently realised by Authorities, although in some instances the Local Authorities have sent their visitors to the Central Association for Mental Welfare for a few weeks' training or to attend one of the Association's three weeks Training Courses for Officers of Local Authorities.

The Local Authorities make arrangements as to the numbers of visits to be paid and the character and frequency of reports. In cases known to be well cared for, a quarterly visit or even a half yearly visit may be adequate, particularly when the defective's friends and relatives are known to be willing to co-operate and to welcome the visitor; in other cases where conditions are unsatisfactory or where the defective is very uncontrolled, monthly or even weekly visits may be indicated. The Local Authority appoint an officer, generally their Medical Officer, to go through the reports received from the visitors and to advise them on cases who should be sent to an institution or dealt with in some other way.

Both the officers of the Local M.D. Authorities and the members of voluntary Associations have been able to do much in advising parents on possible methods of home training, especially in regard to lower grade cases. They have helped them to realise the necessity for special precaution for higher grade cases and have been able to advise relatives and even employers on the right handling of the defective. They have established their position as friends in the home and have been asked to intervene in times of difficulty, and in cases in which the defective has proved to need the care of an institution their reports have enabled the Local Authority to take action. Supervision has moreover undoubtedly enabled many defectives to live harmless, and sometimes not entirely useless, lives in the community while avoiding in large measure moral risks.

There are however too many areas where supervision is carried out in the most perfunctory manner, where the visits are too few and too hurried to be of any value and where the knowledge of the case is quite incomplete. There are still large areas with populations of 300,000 and upwards where there is only one paid qualified visitor; in some cases the work of the paid visitor is supplemented by that of voluntary workers, but in others even this additional help is not available. In many instances six months or a year will elapse between the visits and no machinery exists for enabling the Local Authority to learn how the defective is faring in the interval. The visitors are often entirely without training and experience and though anxious to do their best for the defectives, are ill-equipped for the difficult and delicate work of supervision.

So far as the training of defectives under supervision is concerned, the number of occupation centres established or subsidised by Local Authorities, is, as already stated in an earlier Chapter*, very small. The fact that there are only 1,452 defectives of all ages on the registers of the occupation and industrial centres in the whole country, that is, only 8 per cent. of the 18,000 defectives under supervision, shows that the fringe of this problem has hardly been touched. It is only fair to say, however, that the duty of providing for the training of these defectives was first laid on Local Authorities in the Act of 1927, and that all credit is due to those few Authorities and to the many voluntary Associations who made this provision of their own initiative.

Even where these shortcomings in the administration of supervision are overcome, there are others of a more serious nature which are hindering the work at present. In the first place, owing to the shortage of institutional accommodation a considerable number of defectives are placed under supervision who should be in institutions and cannot be safeguarded in the community. We refer repeatedly in this Report to the disastrous results of the lack of institutional accommodation and this is not the least of them. Failures in controlling the defective under supervision are attributed to the system and not to the fact that it is being used for cases for which it was never intended. In criticising supervision and considering its possibilities in future, this must be borne in mind. Secondly, though the friendly, informal character of supervision has obvious advantages it is of no use for cases where the family are unfriendly or unwilling to alter undesirable conditions. Thirdly, the Local Authorities have no power to give assistance other than training to the supervised defective however much assistance may be needed in order to keep him well and happy and protected at home ; at present, if help is needed (convalescence, change of air, fares, etc.) application must be made to the Poor Law Guardians or to charitable societies. In a later Chapter† we suggest a remedy for these difficulties and shortcomings.

III. Guardianship.

15. The use of guardianship, unlike supervision, entails certification and the obtaining of a judicial order, and it also enables the Local Mental Deficiency Authority to pay for the maintenance of a defective, a power which they do not possess for cases under supervision. The guardian appointed is given the power that a parent possesses over his child up to the age of 14. Guardianship has up till now been little used, the total number of defectives in the country at present receiving this form of care being only some 1,150.

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* Part II, Chapter IV, paras. 73–75.
† Chapter IV.

Cases under guardianship fall into the following general divisions :—

(*a*) Those who are placed under the guardianship of their parents or of a near relative with whom they have been living. The reason for such guardianship is generally an economic one and in these cases guardianship approximates to outdoor relief.

(*b*) Defectives boarded out under the guardianship of someone other than a near relative in order that they may receive the same type of care and attention which they would receive at home.

(*c*) Defectives who are partially or even wholly self-supporting, but are under the guardianship of their employer, or go to work from their guardian's home.

The choice of method should be guided by the type of defective to be placed and by the extent to which his home environment can be regarded as suitable.

A number of causes have in our opinion militated against a wider use of guardianship and also against its successful working in many cases in which it has been tried. In the first place, it is very difficult to find guardians whose personal qualities fit them for their serious responsibilities and whose financial position makes them willing to undertake them. Another difficulty arises from the fact that the regulations which have been considered necessary for the protection and safety of the defectives are apt to appear to the prospective guardian so onerous as to deter him from undertaking the case. This applies particularly to the sections in the regulations imposing fines for non-compliance with the requirements. Whilst fully appreciating the necessity for the most stringent vigilance on the part of the Local Authorities over defectives under guardianship, we believe that a modification of these regulations, more especially in cases where defectives are under the guardianship of their parents, would make the finding of guardians somewhat easier. A third cause which has militated against the wider use of guardianship has been the housing shortage of recent years.

The lack of institutional accommodation, to which we have referred above, has led to unsuitable cases being placed under guardianship as well as under supervision, cases which had to be removed speedily from their own homes and which were really in need of institution care.

The difficulty of finding satisfactory and suitable guardians, combined with the lack of institutional accommodation, has frequently led to the practice of appointing the defective's own parent as his guardian. This has in the past not infrequently proved unsuccessful. Parents of defectives are sometimes temperamentally and intellectually unfit to undertake their children's training and care and it is of course often the parents' inherent disabilities which

have made it necessary for the Local Authority to take action leading to the placing of defectives under guardianship. To return them to the old environment is courting disaster, and the practice of placing defectives under the guardianship of their own parents should be used with caution.

In spite of these difficulties experience has proved that, when the Local Authority employ a special officer or give grants to guardianship societies for the employment of special officers, suitable guardians can be found. This has been the experience of several existing guardianship societies. Given a determined campaign of inquiry in a limited rural or semi-rural area, a reasonable number of guardians can be found who have been proved to be suitable for the duties they have undertaken. But even then it has been necessary to take every precaution in selecting the cases to be sent to them and further to keep them in constant and friendly touch with the guardianship officer.

We shall make definite recommendations later with a view to making the whole system of the care of defectives in the community more elastic and more suited to the very diverse needs of the large and varied body of individuals for whom care and control must be provided.

IV. Institution Care.

(1) History and Growth of Institution Provision.

16. The first institutions which were founded in England for the care of mentally defective children, namely, the Earlswood and other Idiot Asylums, have already been mentioned in an earlier chapter,* but these institutions were intended also for the care and training of adult defectives. Their foundation was entirely due to the efforts of charitable people who were distressed at the pitiable plight of defectives in those days. Though they began as charitable foundations and still care for a large number of charitable cases, they now receive in addition defectives sent and paid for by Local Authorities under the Mental Deficiency Act. Though the smallest has still only about 200 beds, the rest vary in size from 480 to 1,200 beds, and they take defectives of all ages and all grades. For a good many years no other separate provision was made, but from about the year 1890 onwards a number of homes were started by various philanthropic people in different parts of England. These homes were almost entirely for feeble-minded cases, and though the majority of them provided for some 20 to 50 patients there were other larger institutions, such as Sandlebridge and the Colony founded by the National Association for the Feeble-minded. These Homes have done and continue to do admirable work for defectives. The majority of cases in them are now paid for by various public Authorities

* Part II, Chapter IV, para. 63.

including Boards of Guardians. There are also several large institutions founded by the National Association for Persons requiring Care and Control, and among the best known of these is Stoke Park Colony. Both before and since the passing of the Mental Deficiency Act, 1913, the Metropolitan Asylums Board and several Poor Law Authorities established large institutions, technically workhouses, where they could care for and train paupers under their care who were mentally defective. The Darenth Training Colony first opened in 1878 has about 2,260 beds, and has always been known as a pioneer in all kinds of training for defectives. The other institutions belonging to the Metropolitan Asylums Board which mainly or entirely care for defectives are the Leavesden, Caterham and Fountains Mental Hospitals, which have some 4,900 beds. Other well-known training colonies established by Boards of Guardians and conducted on the best possible lines are the Monyhull Colony near Birmingham, Prudhoe near Newcastle, and Great Barr near Wolverhampton. Since the passing of the Mental Deficiency Act, 1913, the Board of Control has established the State institution at Rampton for violent and dangerous defectives. A few Local Authorities under that Act have established institutions of their own, while many more are preparing plans for future institutions. Among the best known of those already established is Calderstones in Lancashire with some 2,500 beds, and The Manor near Epsom belonging to the London County Council with about 1,000 beds. The numbers of beds directly provided by Local Authorities under the Act are, however, still considerably smaller than those provided in other ways. Since 1914, also, as a temporary expedient, many workhouses have been approved under Section 37 of the Mental Deficiency Act for the reception of a certain number of defectives into portions of their premises set apart for the purpose. The number of patients in each place is not large, and generally speaking the cases are of the older, quieter, medium grade type, as few workhouses are able to offer anything beyond the simplest training. There have also been established since 1913 a certain number of Homes for the benefit of patients able to pay the necessary fees.

(2) Types of Institution Provided.

17. It will therefore be seen that there are the following forms of Institution for mental defectives :—

(i) *Certified Institutions.*

These are directly provided by Local Authorities, or by private or philanthropic individuals or societies. In the case of these latter institutions the Local Authorities may contract with the Managers for the maintenance of defectives for whom they are responsible. There are 86 Certified Institutions of which 27 have been established by Local Authorities

(ii) *Poor Law Institutions approved under Section 37 of the Mental Deficiency Act.*

These all rank as Certified Institutions. They vary from well designed Colonies such as those we have referred to above to small special blocks set apart for mental defectives in ordinary Poor Law Institutions. There are 149 approved Poor Law Institutions, of which 21 receive children, the remaining 128 being for adults only.

(iii) *Approved Homes.*

These are provided by philanthropic societies, or, if conducted for profit, by individuals. There are 25 Approved Homes most of which receive children as well as adults. Local Authorities can only send cases to these homes under their permissive powers and no case is eligible for government grant. They are mostly used by parents who can afford to pay fees or by Boards of Guardians.

(iv) *Certified Houses.*

There are 10 of these, all being conducted for private profit. They receive cases certified under the Mental Deficiency Act and maintained by their parents or relatives. No Local Authorities can maintain cases in these Houses.

All these Institutions, with the exception of the Certified Houses, are practically full and most have long waiting lists. The total number of defectives of all ages in these institutions is approximately 20,000.

(3) The Colony or Main Institution.

18. In giving a description* of the valuable work that is carried on in these institutions, where each differs in some respects from the others, it is difficult to write an account which applies to them all. All institutions have not yet reached the same high standard and there are some to which the following description does not apply. It certainly does not apply to certain of the Poor Law Institutions approved for the reception of small numbers of defectives. Some of us have had the opportunity of comparing the happiness, the condition, and the behaviour of patients in a modern colony for defectives with that of defectives in small groups in ordinary Poor Law Institutions, and we have no doubt whatever that the life of the colony ensures the greater measure of health, happiness, contentment and useful employment. In many Poor Law Institutions lack of training and sufficient congenial employment lead to boredom, discontent, and a revolt against the conditions of life there, which too often end in violent outbursts with which the small and generally untrained staff of the institution cannot cope. The Report of the

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* The following description of institution life relates primarily to adult defectives, though much of it of course applies also to children. It should be read in conjunction with the more detailed account of the training of younger defectives in institutions, which is given in Part II, Chapter IV, paras. 68–72.

Board of Control for the year 1926 says that in 69 per cent. of these particular Poor Law Institutions the training given is unsuitable and insufficient, in 24 per cent. the recreation provided is inadequate, and in 80 per cent. the classification is unsatisfactory.

We propose however to describe the best and the most modern type of institution, and in our description we shall omit all qualifying phrases, though we must admit that if it had not been for the existence of the best of these institutions much of our description would have had to appear in the Chapter in which we describe our hopes for the future rather than in this Chapter which gives a picture of present conditions. In reading this description then it must never be forgotten that there are some institutions where the arrangements for classification are defective and those for teaching inadequate, where the staff is insufficient both in number and quality, where occupations present little variation and are confined to the routine work of the institution, and where provision for recreation and occupation during the patients' free time is quite inadequate. To those responsible for these institutions we hope the following description will be both an incentive and an ideal.

The happiness of Institution life.

19. Perhaps the first lesson to be learnt from up-to-date institutions and one which it is important that the public should know and appreciate is that, contrary to what is frequently supposed by those who have no knowledge of them, they are happy places for those defectives who are fortunate enough to get into them. This happiness is certain for those who are admitted while still children, but it is true that contentment, happiness and even obedience do not come so easily to those defectives whom society has failed to rescue until their outlook and nature have been impaired by bad associations, evil doings and unrestricted licence. Up-to-date institutions are not merely places of detention. They are also schools, colonies, places of training, hospitals and homes where every effort is made to give each patient the fullest possible life. Though a great deal of work is done inside them, recreation holds a no less important place. Though many of the patients will remain in them all their lives (and the large majority will be glad and happy to do this), yet there is the spirit of hope strongly present for all those mentally able to appreciate it. Every effort is made with the higher grade patients so to teach and train, so to stabilise them, so to increase gradually the responsibility placed on them, that they may be socialised and find their way back to the world to live there a happy useful life in some lowly occupation fitted to their capacity. The ordinary adult defective has a poor time in the outside world. There is liberty it is true, but in many cases it is liberty only to get into mischief. In thinking of the defectives in an institution we should clear our minds of a good deal of false sentiment. In the institution they have care, good food, easy occupation without

overwork or driving, plenty of recreation, no worry because of real wrong-doing, and above all the feeling of equality, the feeling that they are as capable or even a little more capable than their neighbour. Outside, there is the constant feeling of inferiority, the knowledge that they will be the first to lose their job if employment gets slack. Most of those who come to an institution with a bad record, do, in the atmosphere they find there, quickly settle down. One of the chief causes of happiness or unhappiness is the opinion of the herd on the individual member of it. A defective in the outside world is never allowed to believe in himself, he has perpetual past failure to discourage him, he has not had in any well-behaved sphere a situation he could control. Often wrong-doing is the only course that appears to offer any kind of situation he can control, and he takes it for the satisfaction of success. On the other hand, an institution for defectives is, for the great majority of its patients, a very happy place. It gives them care suited to their needs and employment regulated according to their ability.

The institution has two great advantages to offer its patients. One is that the conditions of living and the relief from care are a great improvement on life outside ; the other is the spirit inside the institution. Everyone is there to learn, to be trained, to be helped and if at first the newcomer does not appreciate this, the " esprit de corps " amongst those already there quickly makes it clear.

The modern institution is generally a large one, preferably built on the Colony plan, taking defectives of all grades of defect and all ages. All, of course, are properly classified according to their mental capacity and age. The Local M.D. Authority have to provide for all grades of defect, all types of case and all ages, and an institution that cannot or will not take this case for one reason and that case for another is of no use to the Authority. An institution which takes all types and ages is economical because the high grade patients do the work and make everything necessary, not only for themselves, but also for the lower grade. In an institution taking only low grades the whole of the work has to be done by paid staff ; in one taking only high grades, the output of work is greater than is required for the institution itself, and there is difficulty in disposing of it. In the all-grade institution on the other hand the high grade patients are the skilled workmen of the colony, those who do all the higher processes of manufacture, those on whom there is generally a considerable measure of responsibility ; the medium grade patients are the labourers, who do the more simple routine work in the training shops and about the institution ; the best of the lower grade patients fetch and carry, or do the very simple work like cleaning spoons or polishing the floors, and quite the lowest grade are the drones for whom all the others work. One of the aims of the modern institution is to make and keep in repair everything it needs for its own use, such as clothing, boots and furniture. In most cases too it constructs, by

its own labour, the smaller building additions that are necessary. It is this variety of occupation that enables it to find useful work for all grades of defectives.

Trade Training.

20. In the case of the majority of the recognised trades, each shop is in charge of a skilled tradesman who had learned his trade before he began work for defectives ; but his skill in teaching defectives he has to gain by experience at the actual work. This applies also to many of the female staff teaching, for instance, tailoring, dressmaking, laundry work. There has been nowhere any course of training for the tradesmen, either in their trade as applied to defectives or in general methods of teaching. Recently, however, the Medico-Psychological Association has fundamentally altered the syllabus of training for its certificate for those nursing the mentally defective, and the trade teachers will now be able to prepare and enter for examinations each in his own speciality.

In certain of the less highly skilled occupations the instruction is however usually given by one of the nurses or attendants who has learned the work in the institution. This applies almost always to such occupations as rug making, all the various forms of raffia and cane work, leather work, much of the needlework and such things as paper bag making and some of the simpler forms of brush-making.

Forms of work by Defectives for use in Institutions.

21. The usual occupations may now be described in somewhat more detail. Tailors' shops make all the male clothing and the staff uniforms. Most of the higher grade patients are allowed the opportunity of selecting the cloth for their own suits or frocks. All patients except those of the lowest grades have their own clothes marked with their own names and reserved for their especial use. This principle is just as important for the self-respect of the patient as the provision of towels, flannels, brushes and combs, each marked with the individual patient's name and used only for that patient, is vitally necessary for the sake of cleanliness and the prevention of infection. Needlework rooms make all the underclothing for both sides of the institution, the women's frocks and staff uniforms, and knit by machine all socks, stockings and jerseys that are required. The present opinion is that all these shops should be as fully equipped as possible with machines. To make a garment by hand is tedious and monotonous, whereas with a machine a girl can make a dozen shirts instead of one in the same time and has the satisfaction of a pile of work done. The principle of increasing the use of machinery is of general application to all trades ; the old days when the chief aim was to give the defective a job which would keep him or her quiet as long as possible are dying out. Repair work to clothes and house linen is exceedingly heavy. Sometimes this is carried out in separate shops, sometimes in the same shops as the new work. Most institu-

tions repair all their own boots and shoes, and many of them make all the new boots and shoes and slippers. The carpenter's shop undertakes all repairs of furniture and carpenters' repairs to the buildings and estate, and all the new furniture required should be made in this shop. Some institutions do their own printing and binding, others make and repair their own tinware. Some have weaving shops in which the women's frock material, both washing and serge, is made as well as some of the men's cloth, Oxford shirting, quilts, towelling, blankets and sheeting. Most of these weaving shops begin work with the ordinary wooden hand loom, then add the semi-automatic iron loom, and after that some power looms. These latter make a great difference to the output.

Gardening is done both by male and female patients, and the larger institutions have farms which employ a good deal of male labour. Male patients are also employed at painting the institution, bricklaying and concrete work. Laundry, kitchen and house work employ many of the female patients, a few can be used as staff mess-room maids and many are glad to be allowed to help, of course under supervision, in caring for the lower grade children.

Most institutions also carry on trades for the making of goods which can be sold, such as brushes, both drawn and pitched, baskets, hampers, basket work chairs, yarn, wool-bordered and wool rugs, made both on looms and frames and by hand, carved wooden goods, straw hats, toys, both wooden and stuffed, cane chairs, trunks, etc. There are also the more fancy trades, such as lace making, leather work of all kinds, raffia work, tapestry weaving, the knitting of woollen coats, jumpers and frocks, glove making, fancy needlework and embroidery, and many of the female patients prefer, in their leisure time, to do crochet, lace and drawn-thread work, often of a very high class.

Diet.

22. The diet of the patients deserves and receives the greatest consideration; but this question has been so recently and exhaustively studied in "The Report on the Dietary in Mental Hospitals," prepared by a Committee appointed by the Board of Control, that there is no need to go into it here. It is enough to say that in the best institutions the recommendations of this Committee have been widely adopted.

Recreations.

23. It is the usual custom to give all patients who work weekly pocket money. In the modern institutions as much attention is paid to the amusements of the patients as to their work. As already mentioned* Guide Companies and Scout Troops are the rule, and as a result of the intensive training that is possible at an institution these companies frequently obtain good places in competition at the local

* Part II, Ch. IV, para. 72.

rallies. Summer camps under canvas for some of the patients are a great treat. The majority of the patients, either because of their own weaknesses, or from the type of their homes, are unable to go home for a holiday, and the seaside home connected with the institution enables them to get a change, where more liberty and freedom can be granted than is always possible in the institution itself. Cricket, hockey and football matches for interhouse shields and against outside teams are the rule, and it is becoming common to enter a team in the local football league. Physical exercises and gymnasium work for both sexes are excellent, and athletic sports are regularly held. Among indoor recreations dancing holds the first place with the girls and every day room should have its own gramophone, and if possible a piano. Amongst the boys billiards or bagatelle are more popular, and the numerous competitions amuse not only those actually playing, but a big circle of others who are content to watch and smoke. Weekly or fortnightly cinema shows are greatly enjoyed, and in addition there are mixed whist drives, dances and frequent concerts and entertainments, both by professional and amateur companies. Defectives themselves love dressing up and all kinds of dramatic work, and most institutions make a point of giving plays in which all the performers are patients. Some of them are very elaborate and are attended and paid for by crowded audiences from outside. The institution magazine edited by patients is a recent feature, and there are several brass and other bands composed almost entirely of patients who, besides playing for the entertainment of the inmates, get paid for outside engagements. Walking out on parole is a much prized privilege, but it is wise to send out three together rather than two.

Discipline.

24. The methods of discipline in an institution for defectives are somewhat like those of a big family. Though there will always be a minority of difficult and unstable cases which will need all the wisdom and judgment of those in authority and all the discretion and tact of the staff, the majority of defectives are easy, kindly people to manage, just like so many children with rather short memories. A simple joke will frequently help more than scolding, and praise, and still more praise for work well done, is more effective than anything else. Before admission to an institution a defective has not had much praise as a rule. When these methods fail the taking away of small privileges, like loss of parole, loss of pocket money, boots to wear instead of shoes, missing some treat like a party, a dance or an entertainment, can be used. Corporal punishment is illegal, and rightly so, and the cutting out of necessary food has been abandoned. In the unstable hysterical type of patient, bed for a day or two has a quietening and stabilising effect, and some girls, when they know an attack is coming on, will ask to be allowed to stop in bed.

(4) Hostel Branches.

25. A comparatively new experiment in the treatment of defectives is the provision of what are called hostel branches to the main institution, and either in connection with these or directly from the institution itself the granting of prolonged leave of absence or licence to those patients who have proved by their conduct that they are worthy of a trial in the outside world. For the higher grade patients and especially the unstable ones it provides a valuable incentive to good conduct. Hostels are small branches run more like a private house where a girl, for instance, can get the training that is wanted for domestic service better than in the big institution, and where more liberty can be granted. It is desirable that each institution of any size should have its own hostel branch or branches as a part of the institution organisation, but there are one or two hostels not directly connected with any institution in particular, and they serve the smaller homes and institutions not big enough to require a hostel branch all to themselves.

The hostel affords valuable training and an opportunity of testing the defectives' fitness for more responsibility and increased liberty.

Some defectives fail at this first test, the promotion to a hostel branch, and have to be returned to the institution temporarily or permanently; but if they succeed the next step is to send the girl out to day service in some situation not too far from the hostel. She returns to the hostel to sleep, and for her time off, and the Matron has to exercise very particular care checking the times of her going out and coming in. The wages are often small, but some meals are given. Some girls never get beyond day service and seem to be content, and some fail at this small step and perhaps have another trial later or return to the institution. If there is no hostel branch, they can go out to day service from the institution itself. Going out to factory work from the hostel has been tried on quite a small scale, but owing to the amount of unemployment it has not been generally adopted in England. After success at day service the girl is then tried at living-in domestic service.* Here again the wages are usually small, but board and lodging are included. Some institutions only send a girl out to living-in service if not too far from the hostel branch or institution, so that the Matron can still supervise her liberty and keep a check on how she spends her wages and what clothes she buys. Other institutions send girls to service in places which are many miles off. The relative advantages will be discussed in the Chapter dealing with the future.

The hostel treatment for male patients has not yet developed in England, but some institutions send male patients out to daily work on neighbouring farms.

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* The girl in this case is on licence to her employer.

(5) Licence from an Institution.

26. Licence is granted by the managers of the institution for definite periods which can be extended from time to time. It is made out to the person who is to have charge of the defective, and certain conditions and stipulations are included. These depend to some extent on the differing circumstances of each case, but one of the most important is the laying down of the amount of supervision that is to be exercised and the prevention of friendships with members of the opposite sex. It can be revoked at any time, and if necessary the defective can be brought back to the institution without any notice, and without any formalities. Sending patients out on licence is very anxious work ; it needs the greatest care in selecting both the patients and the place to which they are to go. This care is unfortunately not always exercised. Patients unsuitable for licence have not infrequently been sent out from institutions either because of the importunity of the relatives or to provide an empty bed for an urgent case. Patients have not infrequently been sent out on licence to unsuitable surroundings or to foster-parents without sufficient enquiry, and patients have been sent out on licence without any attempt to secure for them that proper independent supervision without which disaster is almost certain. The power to revoke the licence instantly in case of threatened danger is its most valuable part; but how can this power be exercised so as to fulfil its purpose if unsuitable patients are sent to unsuitable surroundings and with no supervisor at hand to give a warning when danger is imminent ? Properly used the power to send cases out on licence from an institution is one of the most beneficial conferred by the Mental Deficiency Act.

Patients sent out on licence are of two types, and they are licenced to several types of people. Defectives chosen for licence are those who have proved in the institution or hostel that they have improved both in their conduct and in their work, and that there is a reasonable chance of their making good in the outside world, but they are not and need not be only the high grade cases. The high grade cases go out on licence to work, the medium or lower grades to be cared for in an ordinary home, either their own or that of a foster-parent. The usual way for the higher grade female patients is through a hostel branch to domestic service, but when the higher grade male patients are sent out on licence it is usually to their own homes, and they go out to daily work from their home. If the home is reasonably good, a fair number of patients succeed in this way. The second type of patient who is now being tried on licence is the well-behaved medium or lower medium grade defective. These latter have learned all that is possible in the institution and many are quite content to lead a monotonous quiet life in a cottage. These are boarded out with selected foster-parents. The expense for maintenance is smaller than in the institution, and it releases a bed there for a more urgent case.

V. Concluding Remarks.

27. From this review of the present provision for defectives under the Mental Deficiency Acts several points emerge. In the first place, the ascertainment of defectives in most areas is far from complete, in some cases no doubt because the Local M.D. Authority's own arrangements have not been prosecuted with sufficient energy, in many areas owing to lack of co-operation on the part of other Authorities on whom the Local M.D. Authority have to depend for information, but in the main because of the limitations on the Mental Deficiency Authorities' powers in regard to ascertainment. In the second place, the provision made by Authorities for the care of defectives—whether in the community or in institutions—is by no means sufficient even for the relatively small numbers who have been ascertained and is totally inadequate when compared with the far larger numbers of defectives who, as our investigations have shown, require care and protection under the Mental Deficiency Acts. And thirdly, while the actual provision made is in many areas admirable and is capable of wide extension, there are certain obstacles—partly legal and partly administrative—to its full development. In Chapter IV we shall discuss these matters further and make certain suggestions with regard to the forms of care which Local Authorities can provide and certain recommendations designed to remove some of the difficulties which prevent Local Authorities from dealing with a large proportion of the defectives in the country.

CHAPTER III.

DISCUSSION OF THE FINDINGS OF THE COMMITTEE'S SPECIAL INVESTIGATION.

28. As stated in the first Chapter* of this Report, we decided at an early stage of our deliberations that, if accurate information was to be obtained as to the numbers of mentally defective children and adults in the country generally and as to the provision that was being or should be made for them, it was essential to conduct a series of intensive investigations in certain selected areas in different parts of England and Wales. We cannot within the confines of our Report attempt to give any full description of these investigations or any detailed discussion of the findings. An account of the areas visited, the methods, procedure and standards adopted in the investigations, together with a detailed description of the findings, will be found in Dr. Lewis' own Report, while the statistical data obtained are fully set out in the series of tables contained in Appendix A to that Report. We have ourselves given † a brief summary of the nature of the investigations, and all that we propose to do here is to draw attention to the most important of the findings, and to discuss certain questions arising out of those findings and certain conclusions which may be drawn from them.

29. It will probably be convenient if we deal first with certain general features and subsequently with some of the more important data relating to adult defectives. The first portion of our discussion will accordingly be concerned with the gross ascertainment and the gross incidence of mental deficiency in the more scientific sense of the term and with the findings of our investigations in relation to certain social problems of general interest and importance, while in the latter part of this chapter we will discuss the figures relating to adults in the light of their bearing upon the administrative problems of Local Mental Deficiency Authorities.

I. General Results.

Total Ascertainment and Estimated Number of Mental Defectives in England and Wales.

30. It will be seen from Table 3 in Appendix A to Dr. Lewis' Report that in the investigated areas, which contained an estimated population of approximately 623,000, the total number of defectives of all grades and ages, who were actually ascertained on the basis of

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*Part I, Chapter I.
†Part II, Chapter V, paras. 78–81.

the standards followed, was 5,334, giving a mean rate of incidence of 8·56 defectives per thousand population. This incidence rate cannot, however, be applied as it stands to England and Wales as a whole, and in order to arrive at an estimate of the total number of mental defectives in the country two fundamental considerations must be borne in mind ; first, the marked difference in the rates of incidence in the investigated urban and rural areas,* and secondly, the fact to which we have already referred, that the urban population in the whole country is approximately four times as large as the rural population. According to Table 9 the incidence of mental defect in children and adults in the investigated urban areas was 6·71 per thousand, while the incidence in the rural areas was 10·49 per thousand. If these incidences are applied to the whole of England and Wales it is estimated that there would be approximately 202,600 mentally defective children and adults living in urban areas, and 86,000 living in rural areas. On this basis we should arrive at a total estimate of 288,600 defectives of all grades and ages in England and Wales as a whole.

This gross figure is however a composite one, since it comprises not only all persons who are mentally defective within the meaning of the Mental Deficiency Acts, but also all children who are mentally defective within the meaning of the Education Act. This latter group, as we have seen, includes a number, estimated at approximately one-third, whose defect is educational rather than social, and who should probably not be included among mentally defective persons in the sense which we give to that term in Chapter II† and which we believe to be broadly the meaning underlying the definitions given in the Mental Deficiency Acts, namely, incapacity for social adaptation. Now the total number of feeble-minded children‡ under 16 is estimated approximately at 111,000§ (Table 10 (A)). If one-third, namely, 37,000 of these were deducted from the total of 288,600 given above, it would be found that the total number of persons of all ages who are definitely mentally defective within the meaning of the Mental Deficiency Acts would be about 250,000.

There is abundant internal evidence, however, in Dr. Lewis' Report to show that his total ascertainment was not equally complete in respect of all groups of the population. While it may, as already stated, be assumed that practically all defective children between

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* *See* para. 35 for a discussion of the wide disparity between the findings in urban and those in rural areas.

† Part I.

‡ We use the term " feeble-minded children " for the purposes of this Chapter in the sense in which it is used throughout our Investigator's Report, namely, as equivalent to " mentally defective children " within the meaning of Section 55 of the Education Act, 1921.

§ Of these approximately 105,000 were between 7 and 16 years of age and the remaining 6,000 were under 7.

the ages of seven and fourteen in the investigated areas were ascertained by him, the ascertainment in respect of the adults, particularly in the urban areas, and still more that in respect of the children under seven years of age, was necessarily incomplete. We believe that when due allowance has been made for this a conservative estimate of the mean incidence in England and Wales as a whole would be about 8 per thousand.* On this basis the total number of persons of all ages in England and Wales who are defective within the meaning of the Mental Deficiency Acts would be approximately 300,000.

If however the children to whom we have referred above as being educationally rather than socially defective were added to these, the total number of persons of all grades and ages who are mentally defective within the meaning of either Act would not fall far short of 340,000.

The above estimates indicate the total burden which mental deficiency imposes upon the community. For practical and administrative purposes, however, it is necessary to divide the defectives into various groups and we shall accordingly proceed in Sections V and VI of this Chapter to give more detailed estimates of the numbers of mentally defective adults with whom Local M.D. Authorities are concerned.

II. Comparison with the findings of the Royal Commission on the Care and Control of the Feeble-minded, 1904-8.

(1) The Increase in Total Ascertainment.

31. One of the most striking features of this investigation is that the incidence of mental defect in the investigated areas was very much higher than that of any previous inquiry of this nature which has been held in England or Wales, and that in the case of children it was considerably higher than the ascertainment of most Local Education Authorities. The mean incidence figure which we have quoted above of 8·56 per thousand population in the areas investigated by Dr. Lewis is almost twice as great as that given in the Report of the Royal Commission on the Feeble-minded in respect of the areas which they investigated, namely, 4·6 per thousand.† So far as feeble-minded children are concerned, the mean incidence in our investigation is 3·36 per thousand population, as compared with an incidence of 1·47 per thousand given in the findings of the Royal Commission.

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* A detailed description of the basis on which this estimate of 8 per thousand is made is given in Chapter 3 of Dr. Lewis' Report, page 82.

† It should further be noted that the figures of the Royal Commission included among defectives, in addition to definite cases of mental deficiency, sane epileptics and also uncertified insane and mentally infirm persons in Workhouses.

These marked differences between our findings and those of the Investigators under the Royal Commission require some comment. We believe that the standards laid down in both investigations were broadly the same, though those applied by the Royal Commission were described in less detail than will be found in the description in Dr. Lewis' Report of the standards applied by him. The standards in the two investigations were based, so far as feeble-minded children were concerned, both on the definition of mentally defective children contained in the Elementary Education (Defective and Epileptic Children) Act of 1899 (now Section 55 (1) of the Education Act of 1921), and also on the definition of " defective " children laid down in the Memorandum of Instructions to the Medical Investigators under the Royal Commission and subsequently enacted in Section 1 of the Mental Deficiency Act, 1913. The definitions were thus the same in both investigations, though no doubt they were somewhat differently interpreted. It is probable that while a number of children who were educationally but not socially defective were included amongst the " defective " (i.e., feeble-minded) children in the earlier inquiry, a relatively larger number of these children were classified by Dr. Lewis as feeble-minded. In the case of imbecile and idiot children and of all grades of adult defectives, there is no reason for thinking that the standards adopted or their interpretation differ in any material respect from those of the earlier inquiry.

It must however be remembered that that inquiry was carried out by no less than ten different Medical Investigators, and though they were all working upon the same body of instructions the personal factor must necessarily have affected the standards taken by each of them and thus have influenced the individual findings. In our investigation on the other hand the standards adopted in all the six areas were uniform and the findings in one area are strictly comparable with those in another so far as the personal equation is concerned.

(2) Possible Explanations of the Increased Ascertainment.

(a) *Time devoted to the work.*

32. One obvious, though certainly only partial, explanation of the difference in the findings is that our investigation was more thorough and our ascertainment more complete. The Investigators under the Royal Commission devoted not more than two or possibly three months in all to each area, and the areas they investigated contained populations ranging from 150,000 to 700,000. In our investigation none of the areas contained a population of more than 110,000 ; from three-and-a-half to four months were devoted to each area ; the total population covered was under 625,000 and the total time actually spent on the investigation was 24 months, exclusive of holidays. Moreover our Investigator had the assistance

of one or sometimes two full-time specially trained social investigators and of a full-time personal Secretary who worked continuously with him during the two years, whereas each of the earlier Investigators had at his disposal only the services of a single clerk.

(b) *Greater completeness of ascertainment among School Children.*

As we have already mentioned, a special point was made of ascertaining all the mentally defective children who were attending any school and there is no doubt whatever that the ascertainment in this group of the population was far more complete in our investigation than in that of 1906. Not only had Local Education Authorities themselves a far better knowledge of the defective and retarded children in their areas, but the methods employed by Dr. Lewis for ensuring that all potential defectives were brought to his notice were more thorough than those adopted in the earlier inquiry.

(c) *Ascertainment facilitated by growth of Social Services.*

Moreover, the development in the organisation of social services during the past 20 years has undoubtedly greatly facilitated the work of ascertainment. In 1906 there was no Local Authority specially concerned with mental deficiency. The Lunacy Authorities made little differentiation between mental defectives and persons suffering from mental disorder; the Local Education Authority, though they had the power, had no duty to ascertain defective children, and although some provision had been made for these children in the larger voluntary residential institutions, there were but few day or residential Special Schools except in one or two areas; the Education (Administrative Provisions) Act, 1907 which inaugurated compulsory medical inspection of all children attending Public Elementary Schools—one of the most fruitful of all sources of ascertainment of mentally defective children—was not in operation; Boards of Guardians who no doubt had many defectives under their charge made little special provision for them and were in very many cases unaware of their existence as a separate group of paupers needing special care; Public Health work was less developed; there were no central or local Mental Welfare Associations; the public generally were less enlightened on the subject; and the criteria and methods for assessing mental deficiency were less well defined. It is only to be expected therefore that the volume of information available for an investigator at the present time should be far greater and more accurate than it was twenty years ago and that his ascertainment should be more complete. We can well believe that many high grade defectives would escape detection in those days when the problem of the feeble-minded was only beginning to be recognised, and it would not therefore be in any way surprising to find that the 1926 ascertainment of high grade cases should be considerably greater than that of 1906. Moreover no psychological standards for

the assessment of mental deficiency had been formulated or at any rate adopted in this country, such intelligence tests as were in existence had not been standardised, and the methods of diagnosis were less well defined or understood in the country generally.

III. The Question whether there has been a real increase in Mental Deficiency.

33. The above considerations lead us to what is probably the most interesting and important problem raised by Dr. Lewis' findings, namely whether there is any evidence that the incidence of mental deficiency is actually increasing. The chief evidence relative to this point lies in the higher ascertainment of imbeciles and idiots and in the increased disparity of incidence in urban and rural areas.

(1) Numbers of Lower Grade Defectives and Relative Incidence of the Three Grades.

34. According to the findings of our investigation the incidence of lower grade defect, that is of imbecility and idiocy, in the areas investigated was 1·87 per thousand population, a figure which is almost exactly double that found by the investigators under the Royal Commission, namely, ·98 per thousand. It is highly improbable that the earlier investigators would have failed to discover any large proportion of the lower grade defectives, since these must have been recognised by the various Authorities, Clergy, Doctors, Social Workers, Police Officers and others who formed the main sources of information, and the large majority of them must therefore have been brought to the Investigators' notice. No doubt our ascertainment was more complete than the earlier one, even in respect of lower grade defectives, but this factor would certainly not account for the doubling of the numbers found.

It is moreover a striking coincidence that notwithstanding the disparity between the numbers of lower grade defectives found, the relative incidence of the three grades should have been almost identical in the two investigations. Dr. Tredgold* has calculated on the basis of the figures of the 1906 investigation that in every hundred aments in England and Wales there were found to be six idiots, eighteen imbeciles and seventy-six feeble-minded persons. According to Dr. Lewis' investigation the corresponding numbers were five idiots, twenty imbeciles, and seventy-five feeble-minded persons. One would naturally have expected from what has been said above that the lower grade defectives would have borne a considerably higher ratio to the feeble-minded in the earlier investigation, and the strikingly close similarity between the findings of the two investigations in this respect is by no means easy to explain.

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* "Mental Deficiency," Tredgold, Fourth Edition, Pages 12 and 13.

(2) Differences in Incidence between Urban and Rural Areas.

35. Apart from the disparity between the numbers of lower grade defectives found in the two investigations, one of the most disturbing features that tend to show that there has been an increase in incidence is the marked difference between the figures in Dr. Lewis' findings for rural and urban areas. Table 7 shows that the incidence of all grades of defect in urban areas was 6·71 per 1,000 total population as compared with 10·49 in rural areas. This feature has been observed by previous Investigators, but so far as we are aware the incidence in rural areas in this country has not hitherto been found to be as much as 55 per cent.* higher than that in urban areas. The findings of the Investigators under the Royal Commission show that the incidence in rural areas, particularly in agricultural districts, was generally higher than that in the urban areas and industrial towns which were visited, though the disparity was not nearly so marked as in our investigation.

If this disparity were confined to adults it could no doubt be partly explained by the facts that it is easier to ascertain the adult defective in a rural area, that our Investigator's actual ascertainment of adults in urban areas is admitted by him to have been less complete owing to the lack of social cohesiveness† in some of these areas, that mental defectives born in urban areas are not infrequently sent when grown up to the more congenial country districts to live and that defectives seem to live longer in the country than in town. Moreover the migration of the more enterprising members of the rural community to the towns would in itself cause a slightly higher incidence of mental deficiency in the rural areas and would tend to lower that in the towns. These extrinsic factors, however, do not seem to afford an adequate explanation of the difference of incidence in urban and rural areas especially when it is remembered that this difference is most marked in respect of the children between 7 and 14 years of age in whose case it is certain that the ascertainment was most complete and was also equally thorough in both types of area. Table 14 shows that in this group the rural incidence was 39·7 as compared with an urban incidence of 20·9 per thousand school children.

Is there any obvious factor to account for this disparity between the incidence of mental defect in children in urban and rural areas ? It is of course known that rural children experience a considerable handicap when subjected to mental tests as compared with urban children who have greater verbalistic ability. Our Investigator was naturally much on his guard against allowing this handicap of

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*According to Table 11, which is based on sex incidence, the rural incidence is as much as 64 per cent. higher than the urban.

† *See* Dr. Lewis' Report, Chapter 1, pages 3 and 4 where he discusses this and other factors which militated against complete ascertainment of adults in urban areas.

rural children to influence his findings. Moreover the Group Tests which were applied were certainly not verbal in character or otherwise specially favourable to urban children. It is of course admitted that most Scales of Intelligence Tests have a verbal bias, but those adopted in our investigation included a fair proportion of tests of a practical character, and in the individual examinations our Investigator also applied several Performance Tests. Again, as is clearly indicated in our Investigator's Report, no child was classed as feeble-minded merely on the basis of his mental ratio as assessed by intelligence tests; full weight was given to his educational attainments, his general behaviour at the examination, reports by teachers on his conduct in school and in the playground, the results of physical examination and all available information as to his family history. It seems clear therefore that the possible verbal bias of these tests was not allowed to deflect our Investigator's judgment.

Dr. Lewis had had wide experience of testing rural children prior to this investigation and was fully aware of the allowances that have to be made in their case. In fact it appears from an examination of the distribution of mental ratios* among children in urban and rural areas that his standards in this respect were somewhat less exacting in the latter, in that the proportion of ascertained children with the higher mental ratios was smaller in the rural areas.

What has been said in the two preceding paragraphs applies mainly to the higher grade defective children. When we turn to the lower grade defectives, both adults and children, the evidence that the incidence is definitely higher in rural areas is still more conclusive. In ascertaining lower grade defectives of whatever age it is highly improbable that the application of the same criteria by a single investigator could have varied as between urban and rural areas. Yet, although the standards were admittedly identical, the incidence of lower grade defect was found to be 40 per cent. higher in rural than in urban areas. It seems incontrovertible therefore that there is a marked disparity in incidence between these two types of area.

36. A possible explanation of this disparity is that the great industrial revolution of the last century has brought about a distribution of the population in this country that would be conducive to an increase in mental deficiency. It is possible that the selective migration of the better stock from the rural districts has left behind a population inferior in mental quality at any rate, and that the inter-marriage of this inferior stock has produced a larger number of mental defectives during the last 50 years than in previous centuries, when the population was more evenly distributed. Now there is some evidence in the findings of our inquiry† that though

* Part IV, Appendix A, Table 18.

† *See* Table 22 in Appendix A and also the Investigator's Report, Chapter 4, pages 129 *et seq.*

mental defectives, particularly the lower grades, are found indiscriminately in all social strata, the incidence of feeble-mindedness both among children and adults is likely to be greater in any given group of persons below the normal in general intelligence than in a normal or super-normal group. We do not desire to attach undue weight to this argument, but we believe that it may afford at least a partial explanation of the higher ascertainment in our investigation than in those that have preceded it. It is of some interest and importance to know that the increase in mental deficiency, if there has been an increase, has been caused not by the deleterious industrial conditions of the large towns, but by selective hereditary features operating in isolated rural areas where the environment is most conducive to the birth and maintenance of a healthy stock.*

There are some indications that the peak of migration from the country to the towns may have been reached, and that with the increased transport facilities, the growth of rural industries, the establishment of factories in country districts and the increasing attention being given to agricultural problems, the flow of migration may before long tend to be rather out of the town into the country and that the isolation of the rural communities may diminish.

(3) General Conclusion.

37. We have considered with the greatest care all the evidence before us on the question whether mental deficiency is increasing. We recognise that the increase in the number of defectives found in our investigation is probably due in the main to more complete ascertainment ; partly to the lowering of infant mortality and to the greater longevity of defectives consequent on improved hygienic conditions and the growth of health services ; and partly also to a somewhat different interpretation of the standards. We recognise too that much careful and prolonged research is required before any final conclusion can be reached on this question. Nevertheless, after due allowance has been made for these and other considerations to which great weight must be attached, the facts that (1) our investigation revealed twice as many lower grade defectives as did that of the Royal Commission twenty years previously, (2) that the ratio of the different grades to each other remains the same in the two inquiries, and (3) that the disparity in the ascertained

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* The figures in Table 17 (E), as well as the statistics of infant mortality in the investigated Urban and Rural areas, support this contention. It is worthy of note moreover that according to the vital statistics for England and Wales the general death rate and the infant mortality rate have for many years been higher in urban than in rural areas, while the average age of the population of both sexes is appreciably higher and the number of persons over 60 years of age considerably greater in the latter than in the former.

incidence in the urban and rural areas has markedly increased—all these make it hard to believe that there has not been some increase in the incidence of mental deficiency during this period.

IV. The local distribution of higher grade defectives and its relation to social problems.

38. The possibility that the higher incidence of mental defect found in the rural areas was due to the lower cultural level of the rural stock brings us to the last of the more general features of our investigation to which we wish to call attention, namely, the distribution of higher grade defectives in the various areas. Lower grade defectives were found indiscriminately in all types of district and in all classes of family and there is no reason to think that the incidence of idiocy or imbecility is distributed in any way unevenly among the different social strata of the population. But in the case of feeble-mindedness there were great differences of incidence in different schools and villages and in different parts of the same town. The town schools which contained the largest proportion of feeble-minded children were generally situated in the slum areas, and in the villages with the largest number of adult defectives there were generally found to be correspondingly large numbers of feeble-minded children. There were thus what appeared to be certain clearly marked geographical foci of mental deficiency. When however these came to be investigated more closely, they were found in fact to be family foci. This was certainly the case in many of the villages, where the defective children were found in a small restricted number of families, often interrelated by marriage. The family focus was more difficult to establish in the towns, though there were many indications of it there also.

Now the importance of this feature of our findings is that it seems to establish the fact that feeble-mindedness is more likely to occur among populations of a generally low mental and physical level than elsewhere, that is to say, in slum districts and in rural areas with a poor type of inhabitant, and that broadly speaking it is likely to be most prevalent in a certain limited group, which may be termed the subnormal group, of the general population. The evidence is not conclusive, but it does at least point to there being some relation between the slum problem and the problem of mental defect, as we shall see below.*

Certain other features in Dr. Lewis' Report point in the same direction. It is generally accepted that certain diseases and physical defects—defects of growth and nutritive conditions such as under-sized stature, subnormal nutrition, rickets and anaemia, certain eye diseases such as blepharitis and conjunctivitis, certain skin

* *See* Chapter V, and also Dr. Lewis' Report, Chapter 4, pages 129 *et seq.*, and Table 22 in Appendix A.

affections—are more commonly to be found in slum areas and in association with poor and dirty home conditions than elsewhere, and it is not without interest to know that according to the findings of our investigation the occurrence of these very diseases and defects is many times more frequent among mentally defective children than it is among the general school population.* Again, a fact which has some bearing on this question and which has been observed elsewhere was noted in one of the investigated areas, namely, that after a slum area has been cleared and the population moved to well-designed houses and to generally hygienic surroundings, the very conditions which it was hoped to remedy soon recur and oblige the Local Authority to intervene to prevent the emergence of a new slum area. It was in such a district as this that our Investigator found one of the highest incidences of mental defect found in any area of comparable size.

If, as there is reason to think, mental deficiency, much physical inefficiency, chronic pauperism, recidivism, are all more or less closely related, and are all parts of a single focal problem, can it be that poor mental endowment, manifesting itself in an incapacity for social adjustment and inability to manage one's own affairs, may be not merely a symptom but rather the chief contributory cause of these kindred social evils? If so, then the problem of mental inefficiency, of which mental deficiency is an important part, assumes a yet wider and deeper significance and must indeed be one of the major social problems which a civilised community may be called upon to solve.

V. Findings in Relation to Adults.

39. We have already explained that the ascertainment of adult defectives in this investigation was necessarily incomplete, particularly in the urban areas, and any estimate of the total number of adult defectives in the whole of England and Wales which is based upon the actual figures for the investigated areas, must necessarily be a conservative one. But for the purposes of our discussion of administrative and other problems relating to adult defectives, we think it would be safer to adhere generally to those figures provided that we make it clear at the outset that they are certainly under-estimated.

(1) Estimated Numbers in England and Wales.

40. It appears from Table 10 that the total number of adult defectives of all grades in England and Wales is approximately 150,000. Of these it is calculated that some 105,000 will be found in urban and 45,000 in rural areas. The mean incidences of adult defect in urban and rural areas respectively were 3·2 and 5·61 per thousand total population.

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* *See* Dr. Lewis' Report, Chapter 4, pages 104 *et seq.*

(2) Manner in which Adult Defectives are now dealt with.

41. Some of the most illuminating Tables in Appendix A* which relate to adult defectives are Tables 16 (C) and 23 (B), which show the present location of adults of all grades of defect in the investigated areas and the numbers in receipt of assistance from public funds. The first Table indicates that 57 per cent. of these defectives are living at home, that over 23 per cent.† are in Poor Law Institutions, and that 14 per cent. are in Mental Hospitals, while only 5 per cent. are in Certified Mental Deficiency Institutions. When we turn to Table 23 (B) we find that 56 per cent. of the whole number of adults ascertained are in receipt of financial support from public funds. Of this group 54 per cent. are assisted by Poor Law Authorities, (about two-fifths of these being in receipt of outdoor relief and the remainder being inmates of ordinary Poor Law Institutions), 25 per cent. are in Mental Hospitals and 18 per cent. are being maintained by Local M.D. Authorities in Institutions under the Mental Deficiency Act. Even of this latter group nearly half are accommodated in institutions provided by Poor Law Authorities.

These facts—(i) that definitely more than half of the whole number of adult defectives are left in the community with or without some degree of supervision or other forms of care ; (ii) that the Local M.D. Authorities are providing for less than one-fifth of those who are in receipt of public assistance in any form ; and (iii) that as many as three-fourths of those who are under any form of institutional care are dealt with by the Lunacy, Poor Law and other Authorities and not by the Local M.D. Authority—are in our view among the most important of the findings of this investigation. It will be upon these facts that the principal recommendations that we shall make, when we come to deal in Chapter IV with the future provision for the care of adult defectives, will be based.

(3) Age Distribution of Adult Defectives.

42. Table 17 (E) throws interesting light on the question of the comparative longevity of defectives and normal persons. It is known that the mortality among defectives is decidedly higher than that in the general community, but though certain figures relating to particular classes or groups of the population which have a bearing on this question have been published from time to time, there appear to be no reliable statistics on the subject which cover the country as a whole. We do not claim that the data obtained from our

* Appendix A, which contains all the Tables prepared by the Medical Investigator, will be found at the end of his report, which is published in a separate volume as Part IV of the Report of the Mental Deficiency Committee.

† About one-fourth of these are maintained by Local M.D. Authorities in Poor Law Institutions which are approved under Section 37 of the Mental Deficiency Act, 1913.

investigation furnish a final answer to this question, but we believe that the population to which those data relate was sufficiently extensive to warrant at least the provisional acceptance of our figures.

According to the figures in Table 17(E) 46 per cent. of the total population in England and Wales are 40 years of age or over, whereas among defectives the corresponding figure is 33 per cent. When we divide the defectives into higher and lower grades we find, as might be expected, that in respect of longevity the feeble-minded approximate more closely that the lower grade defectives to the general population. As we have seen, 46 per cent. of the general population reach the age of 40, while 35 per cent. of the feeble-minded and only 28 per cent. of the lower grade defectives reach this age.

The difference, too, between the figures for urban and rural areas is striking. Whereas only 25 per cent. of the mental defectives in urban areas attain the age of 40, 38 per cent. do so in rural areas. The percentage of lower grade defectives in the rural areas over 40 years of age is higher than the percentage of even the feeble-minded of this group in the urban areas. This suggests that the prospect of an imbecile in a rural area living to the age of 40 is better than that of a feeble-minded person in an urban area*. The data moreover indicate that the physical handicap of the feeble-minded is materially lessened in the congenial environment of the country, whereas the handicap of the lower grade defective is so severe that he does not respond so well to the better conditions.

(4) Other Features of the Investigator's Report.

43. *Employability.*—In Table 21(A) Dr. Lewis classified the adult defectives ascertained in five grades of employability, ranging from those who could do skilled work to those who simply required nursing care. The large majority of the feeble-minded were placed in Grades 1 and 2. Seventy-five per cent. of the lower grade defectives were placed in Grades 3 and 4, while the remaining twenty-five per cent. of this group were classed as unemployable.

In Table 21(B) Dr. Lewis further classified the adult defectives in the general community according to the *degree to which they contributed to their own support.* While thirteen per cent. of the men were almost self-supporting, only five per cent. of the women were placed in this category, though many of these were of course working at home and contributing in varying degrees to their own support. Approximately one half of the defectives of all grades were partially self-supporting, the number of women in this group being slightly greater than that of the men. Those who contributed nothing to their support amounted to about 40 per cent. of both sexes.

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* *See also* footnote to paragraph 36 above, where the vital statistics relating to urban and rural areas are discussed.

VI. Magnitude of the Administrative Responsibilities of Local M.D Authorities.

44. It may be convenient before we conclude our discussion of the findings of our investigations if we endeavour to indicate in summary form the extent of the responsibilities of Local M.D. Authorities. In this summary statement we will assume that Local Education Authorities are, broadly speaking, responsible for providing suitable education for all feeble-minded children between the ages of seven and sixteen, and that Local M.D. Authorities are responsible for providing for the care and, where necessary, the training of all adult defectives and of all lower grade defective children under the age of sixteen.

45. We have already seen that there are in the whole country at least 30,000 lower grade defective children, and some 150,000 adult defectives, the large majority of whom require some form of care, supervision or control by a Public Authority. The numbers shown in the following paragraphs indicate the amount of each form of provision which will have to be made by Local M.D. Authorities in the event of their powers and duties being extended as we suggest in Chapter IV.

(a) *Institution care.*

It is estimated, on the basis of the recommendations made by Dr. Lewis in regard to the allocation of defectives in the investigated areas, that in England and Wales as a whole there are some 17,000 lower grade children and some 84,000 adult defectives, or 101,000 defectives in all, who require some form of institutional treatment.

About 6,000 adult defectives would require the special care given in Mental Hospitals, while about 1,200 (probably a greatly underestimated figure) would have to be dealt with in State colonies for defectives of dangerous or violent propensities. When these are eliminated it is found that there are 94,000 defectives of all ages for whom institutional care should be provided by Local M.D. Authorities. Of these all the children and younger adults at least, numbering some 57,000, should be sent to fully equipped Colonies conducted on modern lines, where adequate classification could be secured and every facility for training and employment would be available. The remaining 37,000, i.e., the older defectives could probably be dealt with in some simpler form of institution.

(b) *Community care.*

It is estimated that some 14,000 lower grade children and some 62,000 adult defectives could be left in the general community. Practically all of the children would have to be placed under either supervision or guardianship. It is estimated that rather more than half of them could attend Occupation Centres, while the remainder

would be left at home and provided with such training or occupation in their own homes as it might be practicable to supply. Of the adult defectives it is estimated, on the basis of the findings in the investigated areas, that some 13,000 would require to be placed under guardianship. Of the remaining 49,000 adults left in the community it is estimated that some 7,000 would require the strictest form of supervision, whereas in the case of most of the others some less close form of supervision, accompanied where necessary by proper provision for their occupation and training, would probably suffice.

CHAPTER IV.

SUGGESTED FUTURE ALLOCATION OF RESPONSIBILITY FOR ADULT DEFECTIVES AND RECOMMENDATIONS AS TO THE FUTURE PROVISION FOR THEIR CARE, TRAINING AND CONTROL.

I. Allocation of Responsibility for Adult Defectives.

46. We have described in previous Chapters* the present provision for the ascertainment, supervision, guardianship, and institutional care (including licence) of adult defectives and of children who have been notified to the Local M.D. Authority by the Local Education Authority. In the course of that description we had occasion to comment on what we consider to be the two main defects in the existing arrangements: first, the anomalous legal and administrative provisions which leave nearly half the adult defectives in the country outside the purview of the Local M.D. Authority, the body expressly constituted by Parliament to care for defectives; and secondly, the serious inadequacy of provision hitherto made by this Authority for those defectives actually coming within their sphere. The first of these two defects is the more serious, since it renders impossible any really comprehensive, co-ordinated and unified system for the care and protection of defectives, such as we believe the Mental Deficiency Acts were intended to secure—and this defect cannot be remedied as the law now stands†; the second is, in the main, a question of finance and administration, and can be largely remedied by modifications in organisation, by the gradual development of well-considered schemes and, we must add, by increased expenditure. The large amount of money, however, that is now spent on mentally defective adults would undoubtedly be spent to the greater advantage both of the community and of the defectives if such defectives were dealt with as a unit problem by a single Authority.

We will now consider the first of these questions primarily in relation to adult defectives, though much of what we say will apply equally to certain categories of notified mentally defective children.

A. The present division of responsibility for Adult Defectives between the Mental Deficiency, Lunacy and Poor Law Authorities.†

47. Two fundamental principles on which the Report of the Royal Commission on the Feeble-minded is based are, as we have already seen, that there should be unity and continuity of control,

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* Part I, Ch. III; Part II, Ch. IV; and Part III, Ch. II.

† This Chapter was written before the passing of the Local Government Act, 1929, and except where expressly indicated no account is taken of the changes which that Act has made. While the Act has partially removed some of the anomalies criticised in the following pages, and has rendered possible the unification of responsibility for defectives which the Committee advocate, it has not made that unification a statutory duty.

in other words, that all defectives who require care or control by a public body should be dealt with by a single Government Department and in each area by a single Local Authority. The Mental Deficiency Act, 1913, which was founded on the recommendations of the Royal Commission, was no doubt intended to go some considerable way towards realising these principles. It established the Board of Control as the central Department, and the Councils of Counties and County Boroughs as the Local Authorities expressly concerned with the care of defectives, and assumed that, though for a time a number of defectives would continue to be dealt with by Authorities such as the Poor Law and Lunacy Authorities, which had provided for them in the past, the large majority would before long come within the purview of the Local M.D. Authorities, and thus be able to receive continuous care and control.

48. How far have these aims been realised ? The answer to this question can in large measure be found in the facts ascertained in Dr. Lewis' investigation.* In the six areas visited by him it was found that of the total number of adult defectives 56 per cent. were in receipt of financial support in one form or another from public funds or charitable organisations. Of those receiving such assistance less than 10 per cent. were in certified institutions specially allocated to mental defectives and about 9 per cent. were maintained in Poor Law Institutions by the Local M.D. Authority ; in other words, about 18 per cent. of the defectives receiving public assistance were dealt with by the Local M.D. Authority, and even of these almost half were in Poor Law Institutions approved under Section 37 of the Mental Deficiency Act, 1913. What was done for the remainder ? Twenty-five per cent. of those receiving assistance were detained in Mental Hospitals under the Lunacy Acts, and nearly thirty per cent. were in Poor Law Institutions, some being certified under Section 24 of the Lunacy Act, 1890, but the majority being under no certificate, and a further twenty-five per cent. were receiving financial assistance in the form of outdoor relief, or otherwise, while remaining in their own homes. Practically all of these three groups were maintained or supported by the Poor Law Guardians without the protection and safeguards of the Mental Deficiency Acts. It thus appears that in the investigated areas the Poor Law Guardians were directly or indirectly responsible for about four-fifths of the whole number of defectives for whom any financial provision was being made, while the Local Authorities which were expressly constituted to deal with defectives had themselves provided financially for less than one-fifth of those who were in receipt of such assistance.

Of those defectives who were not receiving any financial assistance from public funds, that is, 44 per cent. of the whole number ascertained, it is difficult to say what proportion were being effectively supervised by the Local M.D. Authorities.

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* *See* Tables 17 (C) and 21 (B).

After full consideration we are satisfied that the findings in the investigated areas may, broadly speaking, be regarded as applicable to the country as a whole, and that while some Local M.D. Authorities have no doubt made far more provision than others, it may safely be said that Local Authorities as a whole are not dealing with more than one out of every five of the defectives who are in receipt of financial assistance from public funds and have not placed under supervision more than a similar proportion of those who are not receiving such assistance.

49. Our contention that these Authorities, owing partly no doubt to the War and subsequent financial restrictions, have made little progress in dealing with this problem, is borne out by the figures we have given in an earlier Chapter, which shew that the total number of defectives of all ages who are returned by Local Authorities as being under supervision or guardianship, in institutions or on licence, is less than 40,000 out of a total of at least 175,000 defectives* (other than feeble-minded children) for whom the Local M.D. Authorities are or should be responsible. We believe that, though other causes have operated against more rapid development of this social service, one of the obstacles to progress has been the statutory provision which in effect precludes the Local M.D. Authority from ascertaining or providing for defectives who are being dealt with under the Poor Law or under the Lunacy Acts, unless such defectives are reported to them under the Regulations† referred to in proviso (ii) or (iii) of Section 30, Mental Deficiency Act, 1913.

50. If adequate and suitable provision were being made by these Authorities, there would perhaps be no need to suggest any change and all that would be required would be for the Local M.D. Authorities to extend their activities until they had ascertained all defectives in their areas who were not being so dealt with and until they had provided those who required it with appropriate care and control. We cannot, however, take this view for the following reasons :—

In the first place, defectives in Poor Law Institutions are, as we have seen, dealt with as paupers and not as persons requiring care on account of their mental condition. We must not be taken as casting any reflection upon the methods employed by the Poor Law Authorities or the measures taken by them for the care of defectives under their charge. We are, however, strongly of the opinion that the Poor Law Guardians, who are primarily concerned to relieve necessitous persons, are not the proper body to deal with mental defectives. The ordinary population of Poor Law Institutions is a fluctuating one

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* Part IV, Appendix A, Table 9. These two particular figures include lower grade children as well as adults.

† The Regulations under proviso (ii) are no longer operative. But see footnote on page 2.

whereas the defectives require permanent care, and the whole Poor Law system is designed for other purposes and is by its very nature unsuited to the needs of defectives.

In the second place, the retention of mentally defective persons in Mental Hospitals has greatly increased the difficulties of the Lunacy Authorities in providing adequate accommodation for cases of mental disease and disorder, for whom these institutions are primarily intended. The main function of the institutions, apart from the care of the incurably insane, is to provide skilled medical treatment for the inmates with a view to their cure and discharge, and there can be no justification for using the already seriously insufficient accommodation for mentally defective patients who require entirely different treatment. The paramount and two-fold need of setting free the Mental Hospital accommodation for persons for whom it is intended and transferring defectives to institutions specially designed for their needs has long been urged by the Board of Control and cannot be too strongly emphasised.

In the third place, the fact that the defectives are dealt with by the Poor Law and Lunacy Authorities* cuts right across the principles of unity and continuity of control. It is true that inasmuch as the Lunacy Authorities are responsible to the Board of Control, there is some measure of unity centrally, and that in some areas, in which the responsibility for dealing with lunacy and with mental deficiency is placed by the Local Authority in the hands of a single committee, there is some degree of unity locally also ; but this is a unity more in name than in fact, since the two types of case are dealt with under entirely separate legal and administrative provisions. Moreover continuity of control is precluded by the fact that defective as well as other patients in Mental Hospitals may be discharged by the Visiting Committee without the consent of the Board of Control. In the case of defectives under the Poor Law the position is of course far worse ; in their case there is no unity either centrally or locally though we recognise that in a few cases there has been active co-operation between the Officers of the Poor Law and Mental Deficiency Authorities. In neither case is there any continuity of treatment. Moreover the majority of the defectives under the Poor Law are under no certificate. They may take their discharge or be removed at any time, unless adopted as children by the Guardians, or in any case after attaining the age of 18. They do not enjoy any of the safeguards of the Mental Deficiency Acts, and save in comparatively few Unions there is no adequate provision for their training or employment.

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* There is of course no objection either on legal or on medical grounds to the certification under the Lunacy Acts or to the admission to Mental Hospitals of mentally defective persons who are suffering from a psychosis. So soon however as the psychotic condition has disappeared the certificate under the Lunacy Acts should be replaced by a certificate under the Mental Deficiency Acts and the defectives should be dealt with under these Acts.

B. The need for continuous Care and Training under unified and expert control.

51. It cannot be too strongly emphasised that, as has been indicated in the Chapter* dealing with " The Nature of Mental Deficiency," the condition of mental deficiency is an incurable one. It presents important differences from acquired insanity, with which it is often confused by those ignorant of its nature and characteristics. While the chief aim in the case of the insane is as already stated to secure early treatment with a view to cure and complete discharge, the aim with the mentally defective is to secure early and prolonged training in schools, centres or institutions, and afterwards continuous lifelong protection and care. Though a period of training, resulting in the gradual formation of good habits, may mask the defect while the patient is leading a protected life in an institution, the initial weakness is still there, and if he is sent out into the competitive world without some form of protection the chances are very heavily weighted against his success.

It is essential then, in the first place, that the young mental defective should be suitably and carefully trained. It is the untrained and undisciplined defective, particularly among the higher grades, who is a menace to society. Comparatively few defectives are inherently vicious. Vicious habits are largely formed because of early misunderstanding and neglect, and are often the reaction caused by the defective's inability to adapt himself to his environment. Most defectives if properly trained, protected and placed in suitable surroundings, form social instead of anti-social habits, and though they always remain defective, they do not become vicious or criminal. The untrained defective may subsist for a few years on his parents or may partially maintain himself by doing odd jobs, but he will in many cases drift into the Poor Law Institution, where he will remain or become an " in and out " and will continue to be a burden on the community or his friends for the rest of his life. A similar defective who has been dealt with under the Mental Deficiency Acts and has been properly trained and adequately supervised will be able to contribute towards his own support and will be saved from acquiring the degraded habits so common among the untrained and unoccupied defectives. Not only therefore are early and continuous training and care of great economic importance to the community, but they are of supreme value to the health and happiness of the defective.

C. Suggested steps towards the Concentration of Responsibility for all Defectives in the hands of a single Authority.

52. Now, so long as the present division of responsibility for defectives continues, adequate and comprehensive provision for their

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* Part I, Chapter II.

training and care are clearly impossible. We have come unanimously to the conclusion therefore that the time has arrived to take some further steps towards the concentration of responsibility in the hands of a single authority. The contemplated legislation* in respect of the Poor Law affords a favourable opportunity for giving effect to the recommendations of the Royal Commission in regard to unity and continuity of control and for providing that all those defectives who are now in Poor Law Institutions (including those detained therein under Section 24 of the Lunacy Act, 1890) or in receipt of outdoor relief from the Guardians should be handed over to the care of the Local M.D. Authority. The functions of this Authority should at the same time be extended, if necessary, so as to enable them to give financial aid in those cases in which the need for assistance was primarily attributable to or was accompanied by mental defect. These defectives are already a charge upon public funds and their transfer to the sphere of the Local M.D. Authority would not necessarily involve much, if any, increase in expenditure, while it would undoubtedly be in the long run of substantial economy and advantage to the community.

As a corollary of this it would be necessary for close co-operation to be established and maintained between the Local M.D. Authority and such other Authorities as may be given the powers now enjoyed by the Poor Law Guardians. Such co-operation would tend to ensure that the Mental Deficiency Authority would be informed of the existence of alleged defectives within the purview of the other Authority and so be afforded an opportunity of "ascertaining" them and if necessary assuming responsibility for them. At the same time it would appreciably ease the burden of that other Authority if machinery were available for the ready transfer to the Local M.D. Authority of persons whose need for assistance arose from their being mentally defective.

It might further be found desirable to transfer some of the institutions at present maintained by the Poor Law Authorities to the Local M.D. Authority, who might use the buildings (when the ordinary inmates had been removed) for certain of the older and medium grade defectives, many of whom are now living in these institutions. These Poor Law Institutions might be used by the Local Authority as the "simpler type of institution" ancillary to the Colony which we shall describe later.† It is not without interest to note that the largest number of older defectives suitable for the simpler type of institution which we have in mind were found in the rural areas investigated and that it is in such areas that most of the Poor Law Institutions which might become available are situated. Such transfer would have the advantage of avoiding the mixing of defectives with mentally normal inmates, whose needs are

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* i.e., Part I of the Local Government Act, 1929.

† *See* paras. 77–79 below.

very different from theirs, and would greatly facilitate the efficient conduct of the institution, which would no longer be a composite one taking cases of all types and ages, both normal and defective, but would be organised expressly for a single class of patient. For other types of mental defectives now in the Poor Law Institutions, it would of course be necessary to provide other institutions or colonies such as those which we shall describe later in this Chapter.*

For the future care of those who are now receiving outdoor relief we believe that our proposals for a modified form† of guardianship or supervision and for a considerable extension in the use of these forms of care will be found the best solution.

53. The position of defectives in Mental Hospitals raises other considerations. The serious inadequacy of institutional accommodation for the mentally defective renders the immediate transfer of all these cases, desirable though it be, impracticable. We agree with the recommendation made by the Board of Control in their Report for 1927, that fuller use should be made of the provisions of Section 28 of the Mental Deficiency Act, 1913, which enables a single Committee to be constituted for the purposes of the Lunacy and Mental Deficiency Acts. Where this cannot for any reason be done some form of close co-operation between the two Committees should be devised. Amongst other things it should be the duty of the Medical Superintendents of the Mental Hospitals to review all the patients with a view to selecting those who are certifiable as mentally defective and are no longer suffering from acute psychotic conditions and who might more appropriately be treated in Mental Deficiency Institutions. When this has been done arrangements might be made for the Medical Officers of the Local M.D. Authority to examine these patients individually in consultation with the Medical Superintendents, and where both of these Officers recommend transfer the patient should be removed to a Mental Deficiency Institution.

The procedure required in the case of transfer from one institution to the other should moreover be simplified. Under the present law the consent of the Board of Control under Section 16 of the Mental Deficiency Act, 1913, followed by a Magistrate's Order under the Lunacy Acts is required for the transfer to a mental hospital of a defective in a certified institution or under guardianship who becomes insane. Conversely, when such defective recovers from a mental breakdown a fresh Magistrate's Order under the Mental Deficiency Acts is required (except in those cases in which the original Order is still in force) to affect his re-transfer to guardianship or to a certified institution. It not infrequently happens that a defective may, for his own benefit, need such transfer and re-transfer two or three times within a relatively short period. In each case the

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* *See* para. 70 *et seq.*

† *See* para. 65.

whole procedure connected with the obtaining of a Magistrate's Order must be complied with and this means both delay and expense. To eliminate these difficulties we make two recommendations :

First, we suggest that the procedure relating to Orders under the Mental Deficiency Acts should not be affected by the transfer of a defective to a mental hospital, but that an Order should be subject to review or renewal by the Visitors under those Acts while a defective is in a mental hospital in precisely the same way as it would have been if he had remained in the care of the Local M.D. Authority. In this way a defective who recovered from a mental breakdown and was discharged from a mental hospital would become automatically liable to be moved back into the certified institution or to guardianship under the Mental Deficiency Acts, and the risk which now obtains of his being sent out into the community without care and protection under those Acts would disappear.

In the second place, we suggest that it is a matter for consideration whether power should not be given to the Board of Control to issue a Varying Order transferring to a mental hospital a defective, actually under order under the Mental Deficiency Acts, who becomes insane, without the necessity of obtaining a fresh Magistrate's Order under the Lunacy Acts. The Board's order should only be given on the strength of a medical report and after consultation with the Local M.D. Authority. The procedure suggested in this case has the advantage of avoiding unnecessary delay and expense and inasmuch as the defective is already under order under one Act, it does not infringe the principle that no person should be committed to detention in an institution without a Magistrate's Order.

There should, moreover, we think be fuller consultation between the two Authorities with a view to considering whether for the time being it would not be wiser to concentrate attention on, and to earmark all available funds for, the purpose of providing further institutional accommodation for defectives, on the understanding that a proportion of such accommodation should be used for those who are now in mental hospitals so as to relieve the pressure upon these institutions.

54. If full unity and continuity of control of defectives are to be secured it seems to us essential that the Local M.D. Authority's powers should extend to those defectives who are now dealt with by the authorities under the Lunacy Acts and under the Acts relating to the relief of the poor and that the whole of provisos (ii) and (iii) of Section 30 of the Mental Deficiency Act, 1913, should consequently be repealed.

In our discussions and recommendations in the following pages in regard to the provision to be made and the methods to be adopted in future for the ascertainment of defectives and for their care, training and control, whether among the general community or inside Institutions, we are assuming that the fundamental principle we have advocated above, namely unity and continuity of care and

control, will be followed and that all practicable steps will be taken to concentrate the responsibility for all notified mentally defective children and for all adult defectives in the hands of a single Local Authority.

II. Future Provision for Adult Defectives.

Let us now proceed to consider in what way this single Authority should exercise its powers and duties.

A. Ascertainment.

55. We have referred in a previous Chapter to the inadequacy of ascertainment by many Local Authorities and to certain serious limitations on their powers to ascertain defectives. Efficient ascertainment should be the first and foremost duty of the Authorities ; it is indeed fundamental to all schemes for the care and control of defectives. Unless adequate arrangements for ascertainment are made and energetic measures taken to carry them out and to keep the ascertainment always up to date no scheme for the care of defectives, however well devised, can be complete or comprehensive. We hope that the recommendations* we have made in regard to ascertainment and notification by Local Education Authorities will go far to ensure that in the future the large majority of defectives who require care and control under the Mental Deficiency Acts will be brought to the knowledge of the Local M.D. Authority before they leave school and pass out of the Education Authority's hands. When this system has been in successful operation for some years the number of older defectives, whom Local M.D. Authorities will have to discover for themselves, will be far fewer. Until this stage is reached however it is essential that these Authorities should be encouraged, as has been recommended by the Board of Control in their Annual Reports, to get into touch with every possible agency from whom information as to defectives might be obtained and to work in continuous friendly co-operation with all these agencies whether official or unofficial.

Continuous co-operation between the Mental Deficiency and the suggested Public Assistance Committees of the Council would of course be essential, and co-operation between the Local M.D. Authority, the prison authorities and the reformatory and industrial schools, which has worked so well in some areas, should be developed, while Local Authorities should arrange for inquiries to be made and reports obtained from the police and the Petty Sessional courts, particularly in the case of certain types of offence which are known to be not uncommonly committed by defectives. So far as unofficial agencies are concerned, assistance and information should be sought

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* *See* Part II, Ch. VII, paras. 114 *et seq.*, 142–3 and Ch. VIII, para. 163.

from all such sources as charitable institutions, societies and organisations, common lodging houses, shelters, refuges, out-patient departments of hospitals, the general practitioners, the clergy, district nurses and health visitors and from all types of social worker in the area.

The work of ascertainment would be further facilitated if power could be given to Local Authorities to pay for the maintenance of alleged defectives in suitable homes, to which they would be admitted for purposes of observation on medical recommendation and with the consent of their parents or relatives for short periods in order to afford the medical officers of the Local Authority an opportunity of forming an accurate diagnosis.

Even when all these sources of information have been utilised to the full the Authority will still fail in their effort if they do not possess on their staff inquiry officers who have been specially trained for the work and possess the personal qualifications and experience which this work necessitates.

B. Provision for the Care of Defectives in the Community.

56. Provision can be made for the care, training and control of defectives in one of two ways :—either (i) by placing them in institutions, colonies or homes, or (ii) by leaving them in the general community and providing such degree of supervision, training and care as their condition may require or circumstances may render practicable.

Now if we eliminate all those children of school age who have hitherto been regarded as certifiable under the Education Act but, if our proposals are adopted, will no longer be so certified but will remain within the ordinary elementary education system, we find that according to our investigations there are in England and Wales as a whole at least 175,000 defectives of all ages who should receive some measure of care, training or supervision from the local M.D. Authorities. The provision of institutional accommodation for anything like these numbers is of course not only unnecessary but could not be secured for many years to come, and consequently the majority of these defectives will have to be dealt with by way of either supervision or guardianship. There is no doubt that those defectives for whom no form of care other than supervision or guardianship within the community can be provided will for many years far outnumber those who can be received into institutions. It is of great importance, therefore, to ensure that the utmost use is made of the existing forms of extra-institutional or community care. If these forms of care are not capable of sufficient development on their present lines to cover the ground adequately, some modified system will have to be introduced.

Having regard to the large numbers of defectives who must be dealt with outside institutions, we propose to consider in the first place how this community care can best be provided.

(1) GENERAL.

57. The control of defectives in the community must play a more important role in the general care of defectives in the future than it has ever done in the past and we must be prepared to face a large increase in the numbers of defectives subject to be dealt with who will remain always or for varying periods members of the outside world.

There are at the present time only some 18,000 cases under statutory supervision and some 1,100 under guardianship. Very large numbers of defectives, however, are known to the officers of Local Authorities and visitors of voluntary associations and after-care committees and have been visited in their own homes and helped and advised by the various authorities and societies; and, as we have seen, our investigations indicate that the number of defectives who are outside institutions and are not at present receiving any financial assistance from public bodies number not less than 61,000 while those who are in receipt of such financial assistance, while still left in their own homes, number some 18,000. The evidence collected from the various societies and associations who have interested themselves in social work, particularly in relation to defectives, points to the urgent necessity for better methods of safeguarding those who are left in the community.

The extension of supervision and guardianship to cover the large number of cases to be dealt with in future can only hope to be successful if the cases are properly selected. Nothing but harm can result if cases which require the protected life of an institution are left in the community under either of these less stringent forms of care. It should be a fundamental principle that only those defectives who are socially adjustable should be dealt with by supervision or guardianship. The mental grade of the defective is of far less importance in considering his suitability for life outside an institution than are his temperament, his powers of control, his character, his general suitability—in short all the factors of social relationship. Those who exhibit strongly anti-social or immoral tendencies should in all cases be sent to institutions. Moreover in view of the moral dangers to which most defectives are inevitably exposed and which they are by their very nature ill equipped to resist, all possible precautions should be taken to protect those who are left in the community from the risk of relationship with the other sex. This is particularly necessary in the case of the adolescent and the young men or women of high or medium grade. The provisions of Section 56 of the Mental Deficiency Act, 1913, no doubt afford some protection, but these can be of little avail unless those who are responsible for carrying out the

duties of supervision and guardianship do all that they can to supplement the protection afforded by the law.

58. For this purpose it is essential that the supervision or guardianship officers of the Local Authority or of the voluntary Association and all those whose function it is to assist in the adaptation and adjustment of the defective to life in the community should be trained social workers and should also have had special training for and experience in this particular work. These officers and workers, who will no doubt in most cases be the same persons as those employed as ascertainment officers, will have to exercise much tact and persuasiveness in the necessarily delicate dealings which they will have with these defectives and their parents and relatives. For these purposes training, experience and personal qualifications are of equal importance. Arrangements should moreover wherever practicable be made to ensure that defective women and children should be visited and supervised by women officers.

59. We may perhaps add here that we are in complete agreement with the views of the Board of Control* in regard to the marriage of defectives under Order whether placed under guardianship or sent to institutions and are convinced that no scheme for the care of defectives can be really effective in attaining the objects we have in view unless and until legal provision is made with regard to the prevention of the marriage of such defectives. We shall have occasion to refer further to this matter in the next chapter.

60. Before turning to the discussion of the several forms of community care provided by the Acts we desire to emphasise the fact that, whatever form of care may be adopted in a particular case, adequate provision for both training and occupation should be made. Training whether at home, in schools or centres, is in almost all cases essential and in all cases desirable for defectives outside institutions, and in those cases in which adequate training has been given it is still necessary to provide the defective with suitable forms of occupation. We trust therefore that Authorities will be encouraged to make the provisions of Section 30 (cc) of the Mental Deficiency Act, 1913, as amended a reality by seeing that so far as practicable no defective under supervision or guardianship is left without suitable training or occupation.

The provision of occupation and industrial centres for adolescent and adult defectives is in the main a new departure. Most of the centres which have so far been established provide only for children under 16. The forms of training which should be provided for older defectives are precisely the same as those required for defectives of similar ages and grades in institutions, which have been described in Part II† of our Report.

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* *See* Fourteenth Annual Report of the Board of Control, for the year 1927, Part I, pages 46 to 48.

† *See* Ch. IV, paras. 68–72, *See also* paras. 73–75 in that Chapter for a description of Occupation, Industrial and Handicraft Centres.

Centres should without doubt be set up for the training of defectives under supervision or under guardianship in every locality in which it is possible to bring together a sufficient number of these persons to render the establishment of such a centre practicable. New buildings will by no means always be required. All the facilities in the area for training, whether during the day or in the evening, should be explored and every endeavour made to adapt these facilities to the needs of the older defectives. We suggested a minimum enrolment of 20 as justifying the establishment of a full-time occupation centre for lower-grade children of school age. But we are of opinion that centres for adolescents and adults might be provided even where the numbers are somewhat smaller, since separate provision will be required for each sex.

(2) FORMS OF COMMUNITY CARE PROVIDED BY THE ACTS.

61. The two methods provided in the Mental Deficiency Acts for the care of defectives outside the institutions, namely supervision and guardianship, differ from one another in several important respects. These differences were described in an earlier chapter, but may be briefly recapitulated here. To place a defective under guardianship the Local Authority must obtain a judicial order, whereas they can place him under supervision without such an order. Guardianship involves a closer measure of control and the observance of stringent rules while supervision may mean little or much according to the keenness and efficiency or the reverse of the Local Authority and their officers. In the case of a defective under guardianship the Local Authority may incur considerable expenditure, even to the extent of paying for the defective's whole maintenance; while in the case of persons under supervision the only expenditure which may be incurred (apart from that connected with visitation and with training which is now obligatory) is in respect of certain emergencies such as special medical treatment. It is important to bear these broad distinctions in mind in considering how far the present methods are likely to meet the needs of the larger number of defectives now known to require community care, or whether some fresh system or form of care is required.

The defectives who can be dealt with under some form of community care may for present purposes be divided into two categories, those who do and those who do not require financial assistance. Those living in good homes, with parents or relatives possessing sufficient means to train them and keep them in comfort, require little but friendly advice on the part of the supervising officer or visitor; those whom their relatives or parents cannot maintain, and those who have no relatives or other persons to care for them, must of necessity be in whole or in part maintained out of public

funds. Under the present system the first category can as a rule be adequately dealt with by supervision, while the second can only be dealt with by guardianship.

(a) *Friendly or Voluntary Supervision.*

62. Now for many of the cases coming within the first of these categories it may be sufficient to provide what is generally known as voluntary supervision—an arrangement whereby the defectives are kept under friendly observation by a mental welfare visitor or social worker, without the necessity for action under the Mental Deficiency Acts. This form of supervision is recognised by the Local Authority, but does not constitute supervision under the Acts nor does it empower those Authorities to provide training. In many areas the form of friendly supervision has been of real value, especially where there is a keen local Mental Welfare Association or some group of social workers who are ready to devote much of their time to this work. But in other areas in which this supervision is claimed to be in operation it cannot be said to be effective or, indeed, to exist in anything but name. We do not propose to discuss this friendly supervision further ; we will only say that we believe it can, if efficiently carried out, be of the greatest service to those defectives who for one reason or another are not subject to be dealt with under the Acts, but who still require some measure of care, and would benefit greatly by the friendly visits and advice of the social workers ; that it can be adopted as a form of after-care of educationally defective children who have left school without having been notified by the Local Education Authority ; and that it can be used as a valuable source of information in connexion with the Local M.D. Authority's arrangements for ascertainment.

(b) *Statutory Supervision.*

63. In the case of those defectives who are found to be " subject to be dealt with " something more is required, and the mildest and loosest form of control available for these is statutory supervision. We have seen that this form of care is nowhere defined in the Act, and that its meaning may be and indeed is interpreted very differently by different Authorities. The effectiveness of supervision must in the last resort depend upon the skill, ability, experience and keenness of the officers to whom the duties are entrusted, and we do not think it either desirable or practicable to recommend any rigid system or hard and fast regulations that should govern supervision. Elasticity has much to commend it, since the needs of the individual defective under supervision will naturally vary widely. At the same time we think that the placing and keeping of a defective under statutory supervision should involve on the part of the Local Authority certain definite action and procedure including the following*, which should

* In many areas this or similar procedure is already followed, and we only mention it here because we feel that it should be adopted by all Local Authorities.

be regarded as minimum requirements of an Authority's supervision scheme :—

(i) A statement by the certifying officer of the Local Authority that the person is defective within the meaning of Section 1 of the Mental Deficiency Acts 1913-1927 (in cases notified by the Local Education Authority the certificate of the School Medical Officer could be used for this purpose) ;

(ii) A statement by the responsible officer of the Local Authority of the circumstances making the defective subject to be dealt with under Section 2 (1) (*b*) of the Act of 1913, as amended ;

(iii) The keeping of a list of cases under statutory supervision and the periodical review of these cases by the Local Authority;

(iv) A definite record of all cases considered to be no longer in need of supervision and a statement of the reasons leading to the removal of a name from the list ;

(v) The employment of properly trained supervision officers to visit the defectives in their homes, to furnish the Local Authority with reports as and when required and to be responsible for putting in motion any procedure that may be needed for transferring a defective to some closer form of control.

(c) *Guardianship.*

64. The second of the categories to which we have referred above is that of defectives requiring some financial assistance. We have seen that owing to the difficulty of finding suitable guardians and to other causes which we have discussed at length in Chapter II, very little use has hitherto been made of guardianship. There is no reason to think that in the large majority of cases where it has been used it has been unsuccessful. In fact, we are convinced that it has been of the greatest value in many cases, that it has enabled many defectives who would otherwise have had to go to institutions to remain in their homes or in the community, and that its use might well be extended considerably. It appears to us that this form of care, as at present administered and under the present regulations, is suitable for many socially adjustable cases, such as the stable feeble-minded who have been trained to be more or less useful members of the community and the well-behaved older imbecile men and women. It can however only be used where the foster-parent is prepared and is personally fitted to undertake all the responsibilities which guardianship involves.

We do not however consider that the retention of the penalty clauses in the regulations is justified, save in very exceptional circumstances, in the case of defectives placed under the guardianship of their parents or of near relatives or friends, where the need of financial assistance is the only reason for placing them under guardianship. Moreover the stringency of the regulations has

probably added to the difficulty of finding persons, whether parents, relatives or foster-parents, willing to assume the responsibilities of guardianship and has consequently prevented the wider use of this form of care. The total number of adult defectives in England and Wales for whom some form of guardianship is required is estimated on the basis of our Investigator's findings to be 13,000, the great majority of whom are at present in receipt of outdoor relief. All of these may be assumed to be in need of some financial assistance and for most of them the existing form of guardianship would not in our view be suitable, while if we may judge from the scant use hitherto made of this form of care, there is no prospect that its use could be extended to more than a small fraction of these cases. We have come to the conclusion therefore that if a graduated scheme for the care of all defectives who require it is to be brought into operation, some fresh methods of community care must be devised, methods which might be described as intermediate between supervision and guardianship as at present understood.

(3) SUGGESTED ADDITIONAL METHODS OF COMMUNITY CARE.

65. We have given much thought to this question and have come to the conclusion that the two following plans would, if adopted, go far to meet the needs of those defectives for whom neither of the existing forms of community care appears to be, or to be capable of being made, suitable or sufficient.

(d) *Statutory Supervision with financial help.*

In the first place we would suggest that power should be given to Local Authorities to give financial assistance by way of subsistence allowances or contributions towards the cost of maintenance of defectives placed under Statutory Supervision. There are many quiet and socially-adjusted defectives who could well be left in their homes, if their parents were granted financial assistance, under supervision, but who under the present Statutes can only be dealt with by the Local Authority by means of guardianship or institutional care, since it is only under these forms of care that the Authority can incur any expenditure on their maintenance. In these cases the stringent regulations attaching to guardianship are out of place and there is no need to separate the defective from his parents or relatives. We believe that our proposal to empower Local Authorities to incur such expenditure on defectives under supervision would prove both a valuable and an economical expedient.

(e) *Placing defectives under the Guardianship of the Local Authority.*

The second recommendation that we would make is that the Magistrate when making an Order on petition should be enabled to place a defective under the guardianship of the Local Authority ; that the Authority should be given the power to exercise their guardianship through specially trained and appointed guardianship officers ; and that these officers should be responsible for making

all the arrangements, subject to the direction of the Local Authority, for the care of the defective while at home or boarded out, or when living with other people. A similar recommendation was made by the Royal Commission on the Feeble-Minded and subsequent experience has proved its wisdom. The ultimate responsibility for these guardianship cases would of course rest with the Local Authority. The employment of guardianship officers however for the actual performance of the Authority's duties in regard to the defective's general care would greatly facilitate the finding of suitable persons who, while housing the defective and undertaking his more immediate care, would no longer be required to assume the full responsibilities attaching to the present form of guardianship. It would also greatly facilitate the removal of a defective from one home to another. This modified form of guardianship would apply to cases requiring a somewhat closer control than is at present possible under supervision and to those in which the need of some modification in the home conditions is indicated or in which some form of temporary help is needed, and it would be capable of being used in the case of large numbers of defectives to whom none of the existing forms of community care would appear to be applicable. It should of course be possible to transfer a defective placed under this form of guardianship to the other form or to an institution by a Varying Order.

The guardianship officer might be either an officer of the Local Authority or of some recognised Association, or he might be a specially qualified person appointed for a limited number of cases only. It is probable that the Local Authority would often make use of the Supervision Officers as guardianship officers, or they might employ some competent social rescue worker to be guardianship officer to certain types of girls, or a good Scout Master to undertake the guardianship of the higher grade boys. People of this kind if rightly chosen might be of very great assistance in developing the community care of the defectives. The advantages of this form of guardianship and of the suggested supervision with maintenance grants would be considerable, and the adoption of these plans would make the provision for the community care of defectives comprehensive.

(4) SUMMARY OF THE COMMITTEE'S SCHEME FOR COMMUNITY CARE.

66. Under the scheme we have described the defective living in a good home, where he can be well cared for and suitably occupied and supported by his parents could be left under voluntary supervision. In cases where the home conditions were less satisfactory or where the defective needed training and occupation or somewhat greater care or his parents required more help and advice, statutory supervision as at present understood would appear to be suitable. Where in addition some financial assistance was wanted, though

the home conditions were otherwise satisfactory, supervision with maintenance grants would meet the case. The present form of guardianship would apply to cases requiring a closer measure of control with or without financial aid. And lastly resort would be had to the method of guardianship under the Local Authority in those cases in which difficulty was experienced in finding suitable persons willing and fitted to undertake the full responsibility of ordinary guardianship and where these responsibilities had to be assumed by the Authority. In this way there would be a sufficient diversity of methods to meet all needs. The responsibility of the Authority moreover would vary according to the needs of the defective, ranging from voluntary supervision in which the Local Authority would have little concern and incur no expenditure to the new form of guardianship in which they would assume direct and almost complete responsibility and in many cases bear the full cost less the Exchequer grant.

C. Provision for the Care of Defectives by means of Institutions and Licence.

67. We have given a full description in Chapter II of the conditions now obtaining in the best institutions, and have expressed the hope that this description will serve as an incentive and an ideal to Local Authorities and others who are or may in future become responsible for the conduct of institutions. There is no need therefore to discuss further the actual methods of providing for the training, occupation, welfare and happiness of defectives in institutions, and we propose in the following pages to confine ourselves rather to a consideration of the part which institutional care in the widest sense of the term should play in the Local M.D. Authority's provision for the defectives in the area.

(1) the need of further institutional accommodation.

68. When full use has been made both of supervision and of guardianship, both in their present forms and in the amended forms we suggest, there will always remain a very large number of defectives who will need some form of continuous institutional care. It will be understood that in the general term " institutional care " we include not only residential treatment in the large institution or colony* and in the various types of smaller and simpler institutions, homes and hostels, but also what is known as licence, an arrangement which must form an integral part of institutional care, and one which should play an increasing role in any complete and co-ordinated scheme for dealing with the mentally defective.

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* For a description of the different forms of institution *see* para. 70 *et seq.*, and for an account of licence *see* para. 82 *et seq.*

The figures given in our Investigator's Report show, as clearly as anything can, that the magnitude of the mental deficiency problem has been considerably underestimated in the past. The urgent need of further institutional accommodation has been emphasised in the reports of the Board of Control, but the findings of our investigation show that the position is more serious still. In the areas investigated, which contained a population of approximately 623,000 persons, our investigator found no less than 5,335 defectives, 2,605 being children, and 2,730 being adults. Of these, no less than 55 per cent. of the adults were in his opinion in immediate need of institutional care, while 56 per cent. of the low grade children would also eventually have to be sent to institutions. Assuming that his data cover the whole ground, and that his findings are generally applicable to other parts of the country, there must be no less than 17,000 defective children and 84,000 adults, or a total of at least 100,000 defectives of all ages, for whom institutional accommodation is essential. Many of these are of course already in institutions of one sort or another and so far as these are concerned the problem can be in part solved by the transfer of institutions and a reshuffling of the inmates. But even so it is clear that far more accommodation must be provided if the needs of these defectives are to be met.

69. In the past, the institutional accommodation has in the main been provided by Poor Law Authorities and voluntary bodies, the number of beds hitherto provided by Local Authorities being approximately 5,700 as compared with some 15,000 in other institutions. We must however recognise that further provision will have to be made almost exclusively by Local Authorities themselves since these Authorities can no longer rely on finding vacancies in existing public or private institutions, and that in future all Local Authorities will, either by themselves or in combination with other Authorities, have to provide sufficient accommodation for the needs of their areas.*

Any consideration of the problem of institutional accommodation must find answers to the following important questions :—

(1) The types of institution that are required.

(2) The position which the institution should occupy in the Local Authority's complete and co-ordinated scheme.

(3) The part which the licensing of defectives from institutions should play in this co-ordinated plan.

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* For the amount of accommodation required in areas of different types and size *see* Chapter 5 of Dr. Lewis' Report, and also Tables 25–27 in Appendix A. The Committee have given very careful consideration to the estimates made in that Report as to the numbers for whom institutional accommodation should be provided and are satisfied that they may be generally accepted.

(2) TYPES OF INSTITUTION THAT ARE REQUIRED.

(a) *The main Institution or Colony.*

70. There is no doubt that public opinion has altered in the last seventy years, and the standards now considered necessary for institutional accommodation both as regards hygienic conditions, the means of training and employment, and the general comfort of the patients are higher than they were. There is a concensus of opinion amongst those in a position to judge, that, so far as the central institution is concerned, any new provision for defectives should be made in village Colonies. By this method proper classification in small units, varied trades and industries, suitably graded schools, economic maintenance, specialist medical attention, hospital facilities, adequate training of staff and opportunities for research can all be secured. Apart from the Colony system many of these conditions must be absent.

There are many small homes* in different parts of England doing admirable work for defectives, and in anything we say we have not the slightest intention of belittling their past work or hindering their future usefulness. There is no doubt that for very many years to come the provision of accommodation for defectives urgently needing care will be so inadequate that every bed in all these homes will be required. But one of the difficulties confronting a Local Authority is that they must make provision for defectives of every grade, of every age, and of both sexes, whether they behave well or badly, whether they are morally normal, or are of the immoral type who are a danger to others. These many grades of all ages cannot be mixed together. It would be wrong and it would make the work of the staff impossible and the lives of most of the patients unhappy. It is this difficulty that the Local Authority have to face when they start their plans for the provision of accommodation.

71. The Local Authority's scheme should therefore be a comprehensive one. Each area whether belonging to one Authority or formed by a combination of Authorities, should contain a central Colony. In the smaller areas this may perhaps provide all the accommodation that may be needed, but in most areas accommodation of other types will be necessary for the success of the scheme. This other accommodation will take the form of smaller homes, of hostel branches and of a simpler type of institution. These will be described and explained later, but we wish to emphasize here that the whole of the accommodation provided by the Local Authority in any one area must form a single administrative unit. If proper classification of the patients and harmonious working with the staff are to be secured it is essential that the Authority's smaller homes and simpler institutions should be ancillary to the parent colony.

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* *See* below, para. 79.

The size of the central colony is important. It should make separate provision for both sexes of all ages and all grades, with separate detached villas for each class. The minimum number of groups for which it is found in practice that provision should be made is ten, six of adults and four of children, and if each adult group consists of 50 patients—and a smaller number is uneconomical—and each children's group of 40, it will be seen that the smallest colony that can provide proper classification must probably take 460 patients. In practice it will probably be found necessary to allow for a larger unit than this, to meet the demands on the accommodation for adults which arise from the periodical transfer of children to the adult classes. If provision be made for an additional group of adult defectives of each sex, there will be a total of 560 beds as the minimum number for a complete Local Authority institution. It may be that even this smaller proportion of children's classes will provide more children's beds than can be kept full, and that the children's classes need only contain 30 beds each. It is not possible to say what the proportion of children to adults should be, because so much will depend on the local arrangements between the Mental Deficiency and Education Authorities, and whether the latter Authority make use of the institution for the residential care and education of educable defectives, or whether they make separate provision for them. It is however, as we have already stated, our hope that as a general rule the Local Education Authority will confine themselves to day school accommodation, leaving the provision of all residential accommodation, in any event for those likely subsequently to require colony care, to the Local M.D. Authority; and if this hope be realised the accommodation of the institution will generally have to be allocated between adults and children in the proportions of two or two and a half to one.*

Provision for other groups also is desirable, such for example as the difficult patients, the elderly cases, the nursery children, the adult cripples and for subdivisions of the ordinary groups so as to allow of better grading, but this provision will probably only be made in the larger institutions. For proper administration however the central colony should not be too large and it is to be hoped that the development of the simpler institutions and of the smaller homes will make it possible to keep the size of the colony within reasonable limits.

72. There are moreover two further groups or categories of defective for whom provision must be made—those with *incorrigible criminal tendencies* who require far more strict control than any other group, and those who suffer from a *multiplicity of defects* and cannot be accommodated with the other patients in the institutions.

* This suggested apportionment of accommodation is largely based on present experience. According to estimates made by our investigator the proportion of children would be higher.

The numbers of defectives falling within either of these categories are so small as to make it impracticable to provide for them except in institutions which serve a very wide area. In the event of provision being made for either or both of these groups by any of the larger Local Authorities or by a combination of Authorities, it would be necessary to make arrangements for the admission to institutions so provided of cases of a similar type coming from smaller neighbouring areas.

It is highly improbable however that it will be found practicable for provision for more than a small proportion of these cases to be made by Local Authorities, and we are of opinion that such provision will in the main have to be made by the State. The Board of Control have already established and maintain a State Institution for defectives of dangerous or violent propensities. The provision by the State of one or two similar institutions for defectives with incorrigible criminal tendencies would be merely a natural extension of the principle which has already been adopted in their case. We suggest that the State should also provide the requisite institutional accommodation for those mental defectives who suffer also from some physical defect such as blindness or deafness, who cannot be adequately cared for in any existing institution and must in their own interests and in the interests of others be kept separate from the ordinary inmates.

While advocating the provision of accommodation by the State for these two categories we do not wish to suggest that the whole cost of maintenance should necessarily be borne by the Exchequer. We do not in fact see any reason why Local Authorities should not contribute towards the cost of maintaining these as well as all other defectives within their areas who require institution care. Moreover since these institutions would of course admit children as well as adults we suggest that Local Education Authorities should be able to send to them any children suffering from a multiplicity of defects for whom they remain responsible, though we believe that most of these children will in fact be notifiable to the Local M.D. Authority.

73. The Authority's main institution or colony when fully developed should, as we have seen, contain not less than 500 beds and should provide for all ages and all grades of mental defect, apart from the violent or dangerous defectives and from the two other groups to which we have referred above, for whom the State has or will have to make provision. It may perhaps be convenient, when planning an institution, to provide in the first instance for only one or two grades of defectives, say the young and trainable cases, and gradually to extend, but it must not be forgotten that the Act has laid on the Authorities the duty of providing for all ages, grades and types of defect. Consequently it is essential that the estate purchased and the ultimate plans for its development should provide not only for these young and trainable cases, but also for the low grade cases, both

children and adults, for the higher grade adults, both stable and unstable, for some types of older defective, for the immoral, and for those who have been in prisons.

Apart from the separate villas for each group, a central administrative block, a properly arranged school and workshops for the various trades, the colony, when fully developed, should certainly include a small hospital block on modern lines, a farm with the requisite farm buildings, a large recreation hall, sufficient playing fields, cottages for married attendants, and a nurse's home.

Every institution caring for children whether they be high grade or low grade, ought to have and will be expected to have a properly organised school. There are few children, even of the lowest grade who cannot be benefitted by suitable training in school, though it must be clearly understood that school training is intended to cover more than is generally understood by that term. It should include, if necessary, even learning to stand and to walk. It will include many of the exercises for the larger muscles of the body which have been described. It must be expected that more than half the school sessions will be devoted to manual training of all kinds and to dancing, dramatisation and physical exercises. As however it is probable that a good proportion of the children in most institution schools will be high grade enough to profit by instruction in reading, writing, arithmetic and in nature study, it will be necessary to have teachers capable of giving instruction in these subjects.

It is important that an attempt should be made to teach the higher grade children enough of these subjects to enable them to write a simple letter, to read a story book for amusement and to learn as much arithmetic as will be necessary for working at the usual institution trades ; and above all, the instruction should be practical. It should, moreover, never be forgotten that the great majority of these children will spend their lives in an institution or under supervision.

74. What then of the teaching staff ? The headmaster or headmistress should be a trained certificated teacher who has had experience in teaching defective children. The classes for the higher grade children should be taught by properly qualified and experienced teachers, and one of the classes that most needs a trained teacher will be a testing class into which many of the children will go in order that their capabilities may be explored and their future type of training determined. In the case of the lower grade children however other considerations arise. None of these children will earn their living or any appreciable part of it ; they will all their lives need care and control and, in most cases, institution care. For these classes the chief thing in a teacher is vitality and energy, for she has to supply the driving power for the whole class. We feel therefore that provided there is a good Head Teacher, these classes for the lower grade children may be taken by picked members of the nursing staff, girls who as a rule have already shown capacity in the ordinary attendants' work of the institution. They should receive definite

training and instruction from the Head Teacher, and act as deputy in a class for a period before being given a class of their own.

75. The training of all members of the staff, whether teachers or not, is a matter of the greatest importance. Defectives cannot be managed, taught or trained by the light of nature or by rule of thumb methods. New members of the staff should be expected, and older members encouraged to attend regular lectures and wherever practicable regular courses of instruction away from the institution such as those organised by the Central Association for Mental Welfare or courses designed to prepare them for the examinations either of the Royal Medico-Psychological Association or the special section of the General Nursing Council. The revised syllabus and course of the Association allows for specialisation in training and in the final examination, so that the certificate may be taken in nursing, in teaching, in trade training, or in physical exercises. For the certificate of the General Nursing Council the candidate has to undertake a course of six months' bedside nursing of the physically ill as distinct from nursing those whose illness is mental deficiency. Success in either examination should mean an increase in salary, and gradually the principle should be adopted that promotion must in most cases depend on the possession of a certificate.

We may perhaps repeat here what we have said elsewhere that the importance of interchangeability of teaching and training staffs should always be kept in view. The training of a teacher for higher grade children will be much the same whether he or she is to have charge of those children who remain under the Local Education Authority in classes for the retarded or in residential schools or of those who are in certified institutions, and it should always be possible for teachers to transfer from one to another of these schools or institutions. Similarly in the case of low grade children the teacher, teacher-attendant or nurse attendant should receive training which will fit her for work either in institutions or in occupation centres. Moreover, the colony should serve as the centre for the training of teachers, attendants and others, who are to work in the smaller institutions and homes.

(b) *Hostel Branches.*

76. The Local Authority's institutional scheme should always include the provision of one or more small branch homes, usually known as hostel branches. The use of the hostel branch will be discussed more fully when we come to deal with licence, in which it plays a vital part. Suffice it to say here that the hostel for girls and women may be any fair sized house in one or more of the towns in the area served by the institution, and that if provision of hostel branches for males is developed in England as it has been elsewhere it will probably be found desirable to utilise large farm-houses in the rural districts for those who are to work on the land, or houses in towns where suitable factory or other mechanical work is available.

(c) *The simpler type of Institution.*

77. The provision of a simpler type of institution or home should be an integral part of all the larger Local Authorities' schemes. There are certain classes of defective who can well and properly be sent to the simpler homes, notably those of a medium grade of mentality, quiet and well-behaved, who have learned all they can learn in the colony and have been stabilised, but who will never earn any part of their living outside. These will for the most part be the older defectives to whom the amusements and more exciting activities of colony life have less attraction. For these such accommodation as is provided in the special wards of a good workhouse will often prove suitable, and it is for these types of defective that the Local Authority could utilise such of the existing Poor Law Institutions as would, if our recommendations are adopted, be handed over to them. It is possible that a few Poor Law institutions might be suitable for the lower grade cases, though they would not be suitable for cases which need hospital treatment or for any of the high grade defectives, since their buildings are not adapted for the purpose of dealing with these various classes and do not lend themselves to appropriate organisation.

78. We would strongly deprecate the use by Local Authorities of any Poor Law Institution (except those which have been specially designed for the purpose) for young and trainable defectives, for the adult working defectives, or for the high grade unstable cases which form such a large percentage of those in institutions. For these cases, bright and healthy surroundings, sufficient land for outdoor games and outdoor employment, sufficient school and workshop accommodation, and sufficient provision for an adequate staff, are a vital necessity. It must never be forgotten that patients under the Mental Deficiency Act differ from the ordinary workhouse inmate for whom these buildings were originally erected. No ordinary pauper inmate is obliged to remain in them, whereas most defectives are detained permanently. Their liberty is taken away, not only in their own interest, but also for the good of the community, and these considerations necessitate a form of care and treatment which shall ensure them a happy life in as good and comfortable surroundings as circumstances permit.

79. There is yet another type of simpler home which may well play a part in the Local Authority's scheme—the small homes such as those now conducted by certain voluntary bodies and religious denominations. These may well be continued and their development encouraged. Each of these homes should be limited to one or at the most two grades or classes of defective. One home for example might take the older women who, having lived all their lives in the community, prefer, when circumstances make it necessary for them to be sent to an institution, the homelier atmosphere of the small home to the more bracing and active surroundings of the colony.

Another home might provide for certain types of young persons, especially the more timid and nervous. Others might make good transition homes for the colony, being used for training older stabilised defectives in some special form of work, such as hand laundry, housework or cooking, preparatory to their being sent out into service on licence. Others again might take in certain types of girls on leaving school for a short course of special training in housework and thus fit them better than the best school can do for life in the community under supervision. While homes of each of these types can form a useful link in the Local Authority's chain, and while no scheme can be complete without some such provision, we do not believe that the onus of providing the smaller homes, as distinct from the colonies and the simpler type of institutions, need fall exclusively on the Local Authorities. There is undoubtedly a case here for voluntary effort, particularly on the part of religious bodies. Homes conducted by religious denominations are particularly suited for certain high grade girls; the girls benefit from the religious atmosphere and are often extremely happy, while the parents and relatives like to know that the defectives in whom they are interested are cared for by persons who share their beliefs.

(3) THE POSITION OF THE INSTITUTION IN THE LOCAL AUTHORITY'S SCHEME.

80. It is evident that the Mental Deficiency Act of 1913 contemplated that eventually each Authority under the Act would, either by itself or in combination with other Authorities, provide a certified institution in its own area. Nothing that has occurred since the passing of this Act has in the slightest degree lessened the need for the provision of these institutions and everything that has been brought out in our investigation has emphasised the urgency of the matter. It may therefore be taken for granted that it is incumbent on every Local M.D. Authority in the country, either alone or in combination with other Authorities or by arrangement with existing institutions, to set about making the requisite institutional provision for the defectives in their area.

The Authority's duties are not however ended when they have provided a colony of sufficient size to take all grades and ages of defectives that may have to be sent to it. They should aim at something considerably more than this if the colony with its subsidiary institutions and homes is to take its full place in the work of dealing with defectives. They should aim at making the institution the source of inspiration for all work for defectives in their area. They should make it clear that the institution does not exist merely to detain a certain number of defectives and provide them comfortably with housing, food, clothing and occupation. They should always be seeking for improvements in arrangements, in methods and in outlook. The senior officers of the institution should be encouraged

to give training and advice to any persons whose work brings them into contact with defectives, such as teachers of all kinds, including those at occupation centres, students at teachers' training colleges, assistant medical officers of health and school medical officers, workers and supervisors employed by Local Authorities or voluntary associations, school nurses and others. The Local Authority should moreover encourage the officers of the institution to keep in touch with the other officers employed by the Authority and with those working for the Voluntary Association and in particular with the individual supervisors, so that these may know what is happening to each case with which they have dealt in the past, and may be able to turn to the colony for guidance and help in regard to each case that is discharged or sent out on licence or to guardianship or supervision.

The Local Authority might well also make use of the medical service of the institution for the establishment of a diagnostic clinic, preferably in one of the general hospitals in the area, or in some other building away from the institution. The services of the medical superintendent of the colony might also be available for consultation with other medical officers of the Local Authority. The colony might, if it receives children for whom the Local Education Authority are responsible, also serve as a place in which children may be kept under observation in order to enable a decision to be reached whether the child is certifiable under the Education or Mental Deficiency Acts.

81. We have already said enough to show that the colony must play a central part in the Local Authority's activities on behalf of the mentally defective. We may however mention three or four further purposes which it might serve in the Authority's scheme. The Local Authority must make provision for "places of safety" to which defectives may be sent in emergencies at a moment's notice, and where they may be kept temporarily pending the presentation of a petition; they might well use the colony as the principal "place of safety" in the area and might usefully keep a few beds vacant for the purpose. They might also use it as a place of remand for defectives charged with an offence and remanded by the Court. They may and should use the colony as a centre of research work into the whole question of mental deficiency, its causation and treatment, and the best methods of training and care for defectives; and this sphere of its work should be correlated with that of the mental hospitals of the area.

To sum up, the central colony with its subsidiary homes and hostels should be the place to which all defectives in the area who cannot be adequately trained or cared for outside by any of the methods we have described, should be sent in the first instance; and as a corollary of this the colony should endeavour to return to the outside world as many cases as possible. This last aim brings us to the discussion of the third question that we have propounded.

(4) THE LICENSING OF DEFECTIVES FROM INSTITUTIONS.

(a) *The part which Licence should play in the Local Authority's scheme.*

82. It will obviously be unnecessary to provide a sufficient number of institutions to allow of every mental defective in the country being permanently detained therein. It is true that of those defectives now admitted—for the most part "urgent" cases—the large majority will have to remain in the institutions all their lives. But as accommodation increases the type of cases admitted will change and there is no doubt that those defectives who are able to carry on in the outside world, after a proper training and stabilisation, with a moderate amount of supervision and help, outnumber those who need to be permanently detained in institutions for their own good or for the welfare of society. The tendency in the past has been for an institution to be regarded as a home for the permanent care of defectives to the exclusion of other points of view. Satisfied that permanent care was the greatest blessing to those who have secured admission, the institution devoted all its power to doing the best it could for those under its care, oblivious of the dangers, the difficulties and the sufferings of the much larger number of defectives who could not be admitted because there was no room.

The Medical Superintendent must not be content with the statutory periodical review of the patients, but should himself ensure that no case shall be retained if after a sufficient period of training there appears to be a reasonable chance of its making a satisfactory adjustment to the conditions of a simpler institution or to those of licence. Put shortly, this means that the institution should no longer be a stagnant pool, but should become a flowing lake, always taking in and always sending out. All defectives in the area who cannot be given the requisite care and training outside should come, in the first instance, to the institution. The majority of them will probably always remain there—the high grade unstable cases, most of the epileptics, those guilty before admission of sexual crimes, many of the degraded cases, most of the patients with bad habits and most of the lower grade cases which need nursing. But at the same time there must be a steady outward stream to the smaller lakes which are to be fed from the parent colony—the simpler type of institution, the hostel branches and smaller homes, foster parents, and to a small extent the defective's own home.

Many will be sent to the colony because of unsatisfactory home control or conditions and few if any of these will when they leave the colony return to their own homes, because if the home has in the first instance failed in care or produced instability or unmanageability, it will probably produce a return of the symptoms after a short time in spite of the institution training. Those who are to be sent to the simpler type of institution will, as already stated, be the

well-behaved older defectives mostly of a medium grade of mentality. Those who go to the hostel branches or smaller homes, will be the stabilised defectives who are thought likely to prove capable of working in some way outside the institution. Those who go to foster parents will include, besides those thought to be capable of working outside, a good many medium grade or lower medium grade well behaved defectives who can be suitably and properly cared for in a cottage home.

83. The essence of the scheme however, and a condition of its smooth working, is that all these defectives unless and until they are suitable for transfer to guardianship or supervision or possibly in a few cases for discharge, must remain administratively a part of the central parent colony whether they are moved to a simpler type of institution or to a branch hostel or smaller home, or whether they are sent out on licence to foster parents, to living-in service or to their own homes. This ensures absolute and immediate fluidity of movement in all directions, inwards as well as outwards, between the centre and all the points on the circumference in which the defective may be placed. It is further essential that there should be equal freedom of movement from one to another of these external situations or methods of treatment, and this can only be secured by providing that everyone who is placed outside the central colony should be placed and should remain either in one of its ancillary branches or on licence* from the central colony.

The most important object of the whole scheme of institutional care should, in brief, be to secure the immediate and easy removal of a patient from one place or form of treatment within the scheme to another, without the delay involved in obtaining a magistrate's Order and the risk which this delay involves. This can only be done by keeping the names of all patients on the books of the central colony irrespective of the question whether they are actually living in the colony itself or in one of the hostel branches, or simpler institutions attached to it, or whether they have been placed out on licence.

(b) *Its special forms and uses.*

84. We will now proceed to consider the special uses of licence and the several forms that it may take. Defectives who, though still in need of care and control under the Mental Deficiency Acts, no longer require to be retained in the colony or any of its homes or hostels may be sent out on licence either to foster parents or to their own homes. Some can go out from the foster parents' houses or their own homes to daily work, some will only be able to help in the home, while others who may not be able to work at all may be

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* But see para. 86 where the question of facilitating the removal to institutions of defectives under guardianship is discussed.

sufficiently well cared for in a cottage home. Others may be sent on licence to live with an employer and work there. In whichever of these ways licence has been granted, a variety of reasons may render it necessary that the defective should be brought back to the central colony, or one of its branches, for a longer or shorter period. Girls placed out on licence in domestic service may become ill, and have to return temporarily for treatment. A girl in service wants a holiday, or her mistress goes away for a time and the defective cannot be left in the house alone ; she comes back to the hostel temporarily. She may have lost her situation through no fault of her own ; she must come back to the hostel until another situation can be found. It is not infrequently necessary to bring back patients who are working outside on licence either for failure at their work, for unsuitability or for misbehaviour. There are bound to be failures, but the important thing in preventing or minimising disaster is to be able, where necessary, to act immediately and to bring a patient back at a moment's notice. This is only possible under licence.

Cases sent home or to foster parents on licence may, of course, have to come back for these or other reasons. Boys or girls with foster parents may become ill beyond the resources of a cottage home ; these too must come back to the institution. The foster parent may be taken ill and there may be no one in the house to look after the patient, or the foster parent may prove unsuitable. Defectives when first sent out are well-behaved, but after a time they may begin to take liberties. The foster parent has to check them and this leads to trouble ; the foster parent gets frightened and appeals to the institution, and the defectives have to be brought back in a hurry.

Some of these difficulties could be avoided or mitigated by the adoption of the practice which we have already recommended of establishing hostel branches in each of the larger towns in the area where there seems to be reasonable prospect of obtaining suitable employment for a certain number of defective girls, and utilising these as centres from which the girls may be sent out to day service and on licence to living-in service. There is no doubt that a defective girl going out to a situation is apt to miss the gossip and excitement of the colony. If she is in a situation near a hostel branch she can return to it during her time off, she can remain in her Guide Company, she can still come in for dances and entertainments, and in addition the Matron of the hostel can check her time of leaving and returning, can supervise her clothes and take care of her money, can assist the employer with advice as to the defective's management, and can suggest certain precautions as, for example, that she could not be allowed out in the town alone or without going to the hostel, precautions which will go far to ensure the girl's safety and success in the freer life which she is leading.

(c) *The Justification of Licence.*

85. Licence for defectives leaving institutions has certain important advantages over guardianship. All the accidents and difficulties that may occur with a patient on licence, such as alteration of circumstances, sudden illness, misbehaviour, threatened moral disaster, unmanageability, violence, even the difficulty of holidays, are just as likely to occur when a defective is placed under the guardianship of a foster parent. To move a patient under guardianship needs a Varying Order made by a Magistrate after application in appropriate form through the Local Authority responsible for the defective. This may involve some weeks' delay and must mean at the very best a delay of one or two days, and even such a short time as this may well in some cases mean disaster or tragedy. But with licence the difficulties can be wiped away at a moment's notice by the fact that the defective can be moved immediately to any other part of this comprehensive system. A guardianship case has to stop where it is until the Varying Order has been obtained ; in a case of licence the superintendent of the institution is empowered to act immediately.

86. Now from what we have said it might be inferred that we contemplated that it would only be in very rare cases that defectives who had once been in the institution would be transferred back to life in the community under supervision or guardianship, and that the large majority of those who no longer required institutional care would be placed on licence and would thus be retained indefinitely—possibly throughout their lives—within the orbit of the Authority's institutional scheme. Under the present statutory provisions this course seems inevitable if the immediate return to the institution of a defective in case of need is to be secured. We recognise however that there may be certain objections, the weight of which we do not underestimate, to the indefinite prolongation of licence. We do not desire to suggest any definite time limit at the end of which a defective, if he has made good under this form of care, should be transferred to some other form such as guardianship. We are convinced however that the fact that the defective is on licence and can be recalled at any moment acts as a valuable deterrent and goes far to ensure good behaviour, and that once this possibility is removed the danger of the defective misbehaving and getting into trouble is greatly increased. In order to meet this difficulty without at the same time necessitating an indefinite extension of licence we would suggest that the powers conferred on Local Authorities under Section 15 of the Mental Deficiency Act 1913 in regard to the removal of defectives to " places of safety " should be extended. We have already recommended that the Authority's central colony should in all areas be one of the places of safety. The value of this arrangement would be greatly enhanced if the Authority and their authorised officers were given power to take to this place of safety any defective under guardianship in whose case the Authority or their officers were satisfied that this

course was desirable, and if the Authority were further empowered to detain such a defective there pending the obtaining of a Varying Order.

(d) *Special conditions attaching to its use.*

87. There are certain conditions in reference to licence which are not yet generally observed, to which it is necessary to draw attention.

As has been so strongly advocated by the Board of Control, licence should not be granted by the managers of an institution without previous reference to, and approval by, the Local Authority responsible for the defective's maintenance. If the patient is going home this is clearly necessary, since the Local Authority will have a better knowledge of the home circumstances than the institution and can in any case, either through their own officers or through those of the Voluntary Association for Mental Welfare, obtain all the available information. Institutions have not the officers nor the experience necessary for this particular work. If a patient is to go to a foster parent, the Authority will, through the same organisation, be in a better position than the institution to select suitable persons. If a girl is going out to domestic service some distance away from the institution, the Authority again will be the only agent for providing any real kind of supervision.

This brings us to our second condition. Licence ought not to be granted without arranging for effective supervision, whether the patient is going to service, or home, or to a foster parent. The institution will of course insert in the form of licence every condition considered desirable, especially those having reference to going out alone and forming friendships with members of the opposite sex, but however carefully these conditions may be framed they are of little value without some effective means of enforcing their observance. This check and this enforcement of compliance with the conditions can only be secured by some form of supervision. It will probably be found the best course (except in the case of a defective sent out on licence to service near one of the branch hostels to which we have referred above) to arrange that this supervision should be exercised through the responsible local authority who will carry it out, either by their own officers or through the Voluntary Association.

D. Co-ordination of the Mental Health Services.

88. It is clear from what we have already said that a method of care which is applicable to a particular individual at one period may be inapplicable at another ; that for instance it may be desirable to transfer a person after a period of institutional training to one or other form of non-institutional care, and that circumstances may arise which render it advisable to remove a person from guardianship or supervision to an institution. In other words, the different forms of care are not to be regarded as detached and separated from one

another by fixed barriers, but as methods which it may be necessary to vary from time to time during the lifetime of the individual according to his requirements. This interchange between the different forms of care necessitates that in each administrative area there should exist some central controlling and co-ordinating authority who should have at its disposal the services of an expert medical adviser, and it is with these points that we now propose to deal.

With regard to the Authority, this is at present the Local Authority for Mental Deficiency, and this will doubtless continue to be the statutory body charged with the oversight and general arrangements for defectives within their area who are subject to be dealt with under the Act. We contemplate that in the future these arrangements will include not only the ascertainment and administrative disposal of such defectives, the visitation and general supervision of those outside institutions, the selection of persons suitable to be appointed guardians, but also the making of arrangements for the establishment and carrying on of outpatient clinics, and for the giving of courses of instruction to social workers and other cognate duties. In regard to these matters, however, we think that the subject of mental deficiency can most advantageously be considered in its relationship to mental disease in general. We would point out that the question of the mental health of the community is one which is already engaging, and which must continue to engage, an increasing amount of attention. This applies not only to mental deficiency but to every form of mental ailment. In a number of areas clinics have already been established in connection with general hospitals for the diagnosis and treatment of disorders of mind, including mental defect, and there are signs that there will be a considerable extension in this direction in the near future. We desire to point out that although it is convenient, and indeed necessary, for clinical and administrative purposes to regard mental defect as distinct from mental disorder, nevertheless this distinction should not be allowed to obscure the essential unity of all forms of mental disorder and disease. So close is this relationship that in actual practice considerable difficulty is often experienced in differentiating the milder grades of mental defect in adolescents and young adults from the psycho-neuroses, the minor and even the major psychoses in their early stages. For these reasons we consider that the duties of the authority relating to mental deficiency would most efficiently and advantageously be carried out as an integral part of the general mental health service of the area, and that in order to bring this about there should either be an actual amalgamation of, or the closest co-operation between, the Visiting Committee and the Committee for Mental Defectives.

We regard it as essential that the Local Authority should have at their disposal the services of a medical officer with special knowledge and experience of all varieties of mental disease. The selection of such an officer will be dependent upon local requirements and conditions. It may be that in some areas these duties could be

discharged by the superintendent of an institution within the area. We regard this, however, as probably an exceptional procedure, since the duties of the Medical Superintendent of a large institution are already so onerous that he could seldom undertake these additional functions. We have little doubt that for the performance of all the duties in the area which we contemplate in regard to mental health, the services of a full-time officer would be required in all the larger areas and we are convinced that the time is ripe for considering the appointment of such an officer. Without in other ways defining the status of this officer, we think it advisable to add that we consider he should have clinical independence, and that the conditions of service should be such as would attract medical practitioners possessing expert knowledge and experience of all branches of psychological medicine.

CHAPTER V.

MENTAL DEFICIENCY AS A GENETIC AND SOCIAL PROBLEM.

Introductory.

89. It will be remembered that in the first chapter* of our Report we said that the problems which we were asked to investigate could be reduced to the form of two simple questions—How many defective persons are there, and What is the best thing to do with them ? We have now given to the best of our ability our answers to these two questions. We have given what we believe to be reliable estimates of the numbers of mental defectives of all grades and ages, thereby laying the only firm foundation on which an adequate administrative structure can be built. We have also put forward the outlines of such a structure. We have suggested a scheme which not only covers the problem as a whole but which in our opinion is practicable, educationally, financially and socially, in its entirety. If our scheme commends itself to those concerned, parts of it could be put into operation forthwith, though legislation would of course be necessary in order to secure its full working That some of the details of our scheme may require modification in the light of experience, and that exception may be taken to some of our individual suggestions or conclusions, it would be only reasonable to expect. But we ask that our scheme, which is based on a broad conception of the problem as a whole, may be judged on its broad issues, and we believe that if it is so judged it may be found to suggest the right lines for future progress.

Here we might well conclude our labours. Yet there is something we feel constrained to add. It would be impossible for anyone to study the problem of mental deficiency as set out in the earlier chapters of this Report without realising how serious are the social and economic questions which it involves and how heavy is the burden placed on the community by the presence of such large numbers of mentally defective persons as our investigations have brought to light. We are driven irresistibly to ask ourselves a third question—Is this burden a permanent one ? Is the country right in contenting itself with dealing to the best of its powers with the problem as it presents itself today ? Or are there any means of lessening the burden itself ? Are there any practical measures available which will secure a diminution in the future of the numbers of mentally defective persons ? Alternatively, to what extent may we hope that the detailed suggestions made in our Report, or any other more general measures of social reform, will alleviate the present burden of mental deficiency ?

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* Part I, Chapter I.

These are serious and far reaching questions which it is impossible for us entirely to ignore. At the same time we must emphasize the fact that until further data and experience are available differences of opinion will inevitably exist, and that it is impossible for the Committee to arrive at or express any definite conclusions. Our remarks under these headings must therefore be regarded as purely tentative, and more as indications of the directions in which further research is needed than as conclusions or recommendations.

While we believe that the suggestions we shall make may be expected to lead to considerable alleviation of the social burden imposed on the community by the presence of so many defectives, we wish to state at the outset of our discussion that inasmuch as mental defect is in the main due to germinal variation its elimination or even its appreciable diminution must be a very gradual process which we certainly do not claim to have found any effective means of accelerating.

The possibility of reducing the incidence of Mental Deficiency in the future.

90. Mental deficiency is by no means a homogeneous problem and in a discussion of its prevention or the alleviation of its consequences two types at least have to be dealt with separately—types which are variously described as primary and secondary, or as amentia due to germinal variation or defect and amentia due to injury caused by environmental factors at some stage subsequent to the fertilisation of the ovum. These two types correspond broadly but not completely to the familial and sporadic types of amentia. In an earlier chapter of this Report* we described the first type as being due to an inherent incapacity for mental development and the second as being due to the arrest of such development by extraneous causes ; and in the following pages we shall use the term " primary " and " secondary " amentia in the general sense implied by these definitions.

(a) *Primary Amentia.*

91. It must be recognised that the question whether any particular case should be regarded as belonging to the primary or secondary type may be answered differently by persons of different schools of thought. But for the purposes of our Report we propose to adhere to what is still the generally accepted view that the majority of mental defectives are cases of primary amentia, that is to say persons whose minds are inherently incapable of normal development.

This being the case, the first point to which we would draw attention is that while primary amentia is largely a *family* problem it is also largely a *group* problem. Mental defectives are of course

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* Part I, Chapter II, para. 19.

found in all races and in all classes of society, among the wealthy as well as among the poor, but in any community a large number of them will be found in a restricted group of families. Let us assume that we could segregate as a separate community all the families in this country containing mental defectives of the primary amentia type. We should find that we had collected among them a most interesting social group. It would include, as everyone who has extensive practical experience of social service would readily admit, a much larger proportion of insane persons, epileptics, paupers, criminals (especially recidivists), unemployables, habitual slum dwellers, prostitutes, inebriates and other social inefficients than would a group of families not containing mental defectives. The overwhelming majority of the families thus collected will belong to that section of the community, which we propose to term the " social problem " or "subnormal" group. This group comprises approximately the lowest 10 per cent. in the social scale of most communities. Though the large majority of its members are not so low grade mentally that they can be actually certified as mentally defective, it is possible that a not inconsiderable number of them might prove, if examined by expert and experienced medical practitioners, to be certifiable and subject to be placed under care and control.

92. Primary amentia therefore cannot be treated as a separate and independent problem. In our discussion of preventive measures it is essential to bear in mind that mental deficiency as a community problem is closely associated with a large group of other problems. One of these, as we have already seen in our observations† on the differential incidence of defect in urban and rural areas, is the problem of rural depopulation. The close association of mental deficiency with the problems of insanity, epilepsy, pauperism, crime, unemployability and alcoholism has been recognised for many years, but comparatively little has been done to elucidate how it is related to these problems. Which are causes and which results in this focal group of social problems it is impossible to state from the meagre data collected up to the present. They may all prove to be symptoms of some fundamental disease of the social group ; and if so we must avoid the error of treating symptoms instead of curing the disease.

We have comparatively little reliable data relating to the mental endowments and characteristics of this " social problem " group. Even the estimates of mental defect amongst the classes that comprise it differ widely. Some of the higher estimates have been severely criticised and undoubtedly much harm has been done by extravagant contentions. Obviously the variation can be partly explained by the fact that different investigators have adopted different standards of what constitutes mental deficiency and some have accordingly included as mental defectives large numbers of

† Chapter III, para. 35.

persons whom others would describe as merely somewhat dull. Whilst there is much evidence that the mentality of the group as a whole is subnormal, it is clear that a comparatively slight raising or lowering of the standard adopted for determining mental deficiency would result in a large decrease or increase in the numbers of this group who would be classed as defective. Even if it be agreed that only ten per cent. of recidivists are mentally defective it cannot be denied that a much higher proportion of them are definitely subnormal mentally. Their fundamental handicaps of life are not wholly those of environment, serious as these may be, but many of them have the intrinsic handicap of low intelligence or unstable temperament, both largely inherited traits. One of the valuable contributions which the study of mental deficiency has made to the solution of social problems is that it has drawn attention to the fact that this subnormal group of the community is comprised largely of persons with poor innate capacities. It is true that only a certain proportion of the group are so low grade that they can be certified on any generally accepted standard as mentally defective ; but this is no reason for discarding the mental status of the whole group as a factor of little importance. Their social and economic failure is primarily due to their poor mental endowment ; and if in addition they are temperamentally unbalanced, they become failures that are dangerous to the community. Any suggested remedy of the problem of the subnormal group that ignores the inherent mental limitations of the men and women who comprise it, cannot possibly prove successful. At the same time it is necessary to recognise that this is not the only consideration, and there are many other social and economic factors involved. Low mentality and poor environment form a vicious circle.

93. Primary amentia may be and often is an end result—the last stage of the inheritance of degeneracy of this subnormal group. Prevention however is concerned not with end results but with antecedents, and sometimes remote antecedents. If we are to prevent the racial disaster of mental deficiency we must deal not merely with mentally defective persons, but with the whole subnormal group from which the majority of them come.

If this standpoint be accepted, the question we have to consider is what, if any, preventive measures can be applied to this subnormal group with a view to diminishing the number of mentally defective children born. The two most obvious preventive measures are segregation and sterilisation of those members of it who are likely to become parents of defectives. These measures are however ameliorative as well as preventive, and in any discussion of their application these two aspects cannot be wholly separated. We shall have to discuss these measures later from the point of view of their efficiency in alleviating the burden imposed on the community by the numbers of mental defectives existing at present ; we are now however concerned to consider how far they can be effective in reducing the supply of mental defectives for the future.

Of the members of this subnormal group only a small proportion, certainly not ten per cent., are of sufficiently low grade to be certifiable as mentally defective on any standard at present accepted. The segregation or sterilisation of all these certifiable members of the group would no doubt reduce the numbers of defectives in the next generation to some extent. The reduction would not however be great. For it must be remembered that defective children born of defective parents do not form a large proportion of the total number of defectives existing. However drastically and thoroughly we might deal with its defective members the remainder of this subnormal group, who though not defective can in many cases be regarded as " carriers " of the defect, will probably produce its full quota of mental defectives in the next generation, particularly as the relative fertility of this group is greater than that of normal persons. In point of fact the disparity in the actual as opposed to the potential fertility of the normal and subnormal sections of the population is increasing, the families of the subnormal group remaining as large as hitherto while those of the better social groups are steadily diminishing in size. Sterilisation, segregation and even the more moderate remedial measure of the regulation of marriage,* if they are to prove completely effective as *preventive* measures, must be applied to the whole subnormal group, that is to approximately ten per cent. of the whole population. This obviously is impracticable. Moreover whilst recognising that the subnormal group produces a considerable proportion of the total number of mentally defective persons in the country, we must not forget that a certain number of cases of secondary and even of primary amentia occur in those groups which are outside the subnormal group and which comprise nine-tenths of the total population, and that such measures as we are discussing could not of course be applied to these groups.

The science of eugenics is doing invaluable service in focussing scientific thought and public opinion upon the racial, social and economic problems that the subnormal group presents to every civilised nation. The prevention of mental deficiency is a problem whose solution depends largely upon the progress made by this science, and no nation that regards its future welfare seriously can afford to ignore the results and recommendations of the scientific study of this problem. It must be remembered however that this science is still at an early stage of development and that many years may elapse before it can persuade public opinion to put its recommendations into practice.

94. Certain practical measures however which might to some extent reduce the number of defectives born to members of this social problem group could be adopted without delay. Considerable

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* We have advocated this course in the case of defectives under Order in Chapter IV, para. 59.

numbers of this group at present come within the purview of one or other public Authority, more especially the Poor Law, Mental Hospital and Prison Authorities. Needless to say we are not thinking of the large number of persons who at a period of industrial depression receive outdoor relief or of those who are merely first offenders, but of the men and women who are continually in and out of Poor Law Institutions, Mental Hospitals and Prisons. Two common types in this group are the unmarried woman of childbearing age admitted two, three or more times to the maternity ward of the workhouse, and the recidivist of the criminal classes. These two types alone are the parents of a not inconsiderable number of the mental defectives who become social dangers and economic burdens ; and probably this is the most serious offence of these parents against the community. It would be to their own interest if many of the unmarried women of this subnormal group could be kept in institutions for longer periods and, when they leave, could be placed in situations where they would be carefully supervised and safeguarded from moral danger. It is also a matter for consideration whether much longer periods of detention for recidivists, accompanied by improved methods of treatment, would not be as much in the best interests of the individuals themselves as it would undoubtedly be in the interests of the community from many points of view, not least from that which we are now discussing.

95. Another sphere to which we naturally look for a mitigation of the problem presented by this marginal subnormal group, so far as the individual is concerned, is the school. The members of this group in the next generation will be largely recruited from the group of dull children in our schools today. In the absence of special provision the dull child makes little progress with the somewhat scholastic syllabus of our ordinary elementary schools ; he is soon left behind with younger children and so loses heart and self-confidence ; he finds himself a failure at school and gladly leaves at the earliest possible moment ; he is thrown without any definite training into an industrial system already glutted with unskilled labour and finds himself a failure there. The process of ostracism, begun at school, ends in his drifting into one of the classes of social inefficients and ultimately becoming a social outcast.

To prevent these results, which are inevitable so long as the dull child is neglected as he is at present in our educational system, it is essential that our whole outlook on the education of retarded children should be changed. Their education should be designed to fit them for their place in life when they leave school. They should be trained to the utmost limit of their capacities and the training in the last few years should be designed to fit them for some definite trade in which they will be likely to find permanent employment. The best education and training however will fail to secure the desired ends unless it is accompanied by social care after they leave school.

One of the main objects of our proposals* for the provision of more suitable education for the whole group of retarded children is to ensure that they shall prove less of a burden to themselves and to the community when they grow up, and from this point of view our proposals are more properly regarded as ameliorative. From the point of view of prevention too we believe they may be not without effect. During the past fifty years or so education in the widest sense, bringing with it a gradual raising of the cultural level, has been spreading downwards through the various social groups of the population. It is generally recognised that this raising of the cultural level of a given group has been accompanied by a decrease in the size of the families in that group. There are many possible contributory causes of this, but among them will certainly be found a desire on the part of the members of the group to maintain a higher standard of living, both for themselves and for their children, and an unwillingness to assume the responsibilities of parenthood unless they can give their children at least as good, or even better, opportunities than they themselves enjoyed. These processes are gradual and are not brought about in a single generation. Is it not probable however that what has happened in the past among other groups of the population, may happen to some extent at least in the case of the subnormal group ; that the cultural level of the lower strata of the population may be gradually raised by the fullest development, through education, of the potentialities of its members when children and by the provision of efficient social care during adolescence ; and that, though their mental endowment may be incapable of improvement, the raising of their cultural level will be accompanied by a decrease in their fertility ?

We recognise of course that in the majority of cases the defect or poor mental endowment of the subnormal group is due to germinal variation and that the members of this group are likely to hand on their defect to their children. We recognise too that no improvements in education or social care can eradicate or even modify the germinal defect, and that if these persons marry, they are likely to become the parents of another generation of defectives or of carriers of mental defect. It may be however that the provision of really suitable education in the widest sense, accompanied and followed by social care and constant supervision out of school and after the end of school life throughout the difficult period of adolescence—provision which will gradually but surely raise the whole level of large numbers of persons comprising this subnormal group—may go some way towards decreasing the numbers of mental defectives.

The whole problem of the prevention of primary amentia is one of vital importance and the first nation to arrive at a solution of it will have an appreciable advantage. We would urge therefore that no means of reaching such a solution should be neglected and that

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* Part II, Chapters VII and VIII.

careful consideration should be given not only to the proposals which we have made but to any methods which further research and investigation may suggest for effecting a diminution in the incidence and consequent burden of mental deficiency.

(b) *Secondary amentia.*

96. Secondary amentia is due to the arrest of development by extraneous causes, and therefore a discussion of measures that will prevent this type of mental defect must deal generally with deleterious environmental factors. It should however be noted in passing that some investigators maintain that environmental conditions can injure the germ plasm also, and that variations thus produced can be transmitted. If this be so environmental conditions may, in some cases, be the cause of primary as well as of secondary amentia.

The chief extraneous factors which cause mental deficiency may be classified as ante-natal, natal and post-natal. Amongst these are venereal diseases, alcoholism and other toxaemic conditions of which we know little at present; abnormal and unhealthy state of the mother during pregnancy; injuries during birth; and serious illness, injuries or, it has even been suggested, malnutrition, of the child during infancy. When we regard these various environmental factors in the light of the progress of modern medicine, more especially of preventive medicine and public health, we can take a somewhat more hopeful view of the prevention of secondary amentia in the future.

The valuable work done by ante-natal clinics and the great progress made in midwifery should tend to reduce the numbers of mentally defective children now arising from ante-natal or natal causes. It is probable that improved methods of midwifery may result in the survival of some mentally defective children who would otherwise have died in infancy; but it should also be remembered that this improvement will save from being mentally defective many potentially fine normal children. Modern hygiene thus saves the assets of the race as well as its liabilities. Again, the expert medical advice given to parents at the Infant Welfare Centres and the valuable work done by nurses who visit the homes should also prove of material assistance in preventing many ailments, the neglect of which is responsible for causing mental retardation. The establishment of clinics for the systematic treatment of venereal disease may also lead to some decrease in the incidence of secondary amentia. The thorough treatment of syphilitic parents may be expected to reduce the risk of their children being defective; and it is not unreasonable to hope that the early treatment of congenital syphilitic children should at least check deterioration. In so far as mental defect is associated with alcoholism the situation is distinctly hopeful; the chronic inebriate is becoming rare, chiefly owing to the intellectual and social interests that education has engendered and that the progress of civilisation has brought in its train.

Another achievement of the medical profession that has had some effect is the successful treatment of cretinism. A typical adult cretin is now becoming a rarity in this country, as a result of the discovery that the condition was caused by thyroid deficiency and that it could be much improved by administering thyroid extract. Also, mental deficiency that is associated with other endocrine disturbances such as hypo- and hyper-pituitary conditions, excessive lethargy of certain types of feeble-minded persons, and some abnormal temperamental conditions may we hope in the future be mitigated by organotherapy.

Alleviation of the burden imposed upon the community by the mental defectives existing at present.

97. So far we have dealt chiefly with the means of diminishing the incidence of mental deficiency in the future. We will now turn to the question of amelioration, the question of what can be done with the mentally defective persons actually existing at present so as to lighten the burden they impose on the community. The terms "prevention" and "amelioration" however, as already stated, are relative and it is not improbable that some ameliorative measures such as segregation will prove to be also the most effective preventive measures that we can apply.

In earlier chapters we have dealt in detail with the provision made for the care and training of the mentally defective; and all that we propose to do here is to discuss briefly the relative efficiency of the various methods of dealing with them judged as measures for ameliorating the social consequences of mental deficiency.

(a) Children.

The mentally defective children naturally come first in our discussion. To what degree is it possible by suitable training to make these children less of a burden economically and socially to the community? The experience of the last fifty years with the training of mentally defective children enables us to give a fairly conclusive answer. As this group is somewhat heterogeneous, we had better relate our answer to three sub-groups separately.

The first sub-group consists of the higher grade feeble-minded children. Many of these children have been able to acquire sufficient manual skill, especially when their training has been directed towards some special trade or trades, to make them almost, or quite, self-supporting after they leave school. The after-school careers of large numbers of boys and girls who have received manual and character training in the day Special Schools in our large towns or in residential Schools for the mentally defective justify the financial outlay of Education Authorities and others upon their training.

The second sub-group comprises the lower grade feeble-minded and some of the higher grade imbeciles. Although large numbers of these children spend their lives in institutions, the majority of them have been trained to perform the simpler routine tasks of unskilled labour, and have been able, in consequence, to make some contribution towards their maintenance. Without this training they would have had to be supported completely by their parents or by public funds. The large measure of happiness these defectives themselves derive from being employed, in however modest a way, is in itself a reward for the great efforts and ingenuity of those who have trained them.

The success of the efforts made to deal with these two sub-groups must depend to a great extent upon three conditions ; that the defectives receive continuous character training from an early age ; that they are trained in work which they are able to continue after leaving school ; and that as long as they are left in the general community they receive the advantage of constant supervision by a Statutory Authority or a voluntary association.

The institutional training and custody of the third sub-group, the lowest grade of defective children, judged as an ameliorative measure, is a matter upon which there is some difference of opinion ; and much depends upon our standard of human values. Obviously the community cannot expect any return in the form of service for the training and custody of these children. All it can hope to achieve is to train them to be clean in their habits and to employ themselves in some simple way, to give them what comfort and happiness they are able to appreciate and to make them less of a burden to those responsible for their care. The large majority of these children will remain permanently in institutions. If left in their homes they deteriorate rapidly and become intolerable burdens to the family, and especially to the mother, who is often obliged to neglect other children to give the defective the constant attention it needs. Fortunately, the numbers of these low-grade children do not constitute a large proportion of the whole group of mentally defective children, and when parents are unable to make special provision for them, humane considerations alone indicate that it is the duty of the community to shoulder the burden of their care.

(b) Adults.

The chief methods advocated for dealing with mentally defective adults are (i) sterilisation, (ii) segregation and (iii) socialisation. These methods are not mutually exclusive ; the last two at least are essentially complementary.

98. (i) *Sterilisation.* We have already discussed briefly the extent to which sterilisation of mentally defective adults in the present generation would reduce the volume of mental deficiency in the next, and we came to the conclusion that even if this measure

were rigidly applied to all the mentally defective the reduction would not be great. A more cogent ground for advocating sterilisation is that its application would ease the economic burden by enabling defectives who would otherwise have to be permanently segregated in institutions to return to the community with no risk of their becoming parents, and that a number of them could live happily and harmoniously outside institutions. If it could be proved that sterilisation could safely and profitably be applied even to certain groups or categories of defectives, the question of its adoption would no doubt deserve careful attention.

The advocates of sterilisation maintain that the method is successfully applied in America. Sterilisation laws have been passed in about twenty American States, and more recently in Alberta, Sweden and Switzerland; but only in two American States have these laws been enforced on any considerable scale. The reasons generally given by those who have studied the problem in America for the failure to enforce these laws in those States in which they have been enacted are that public opinion has apparently disapproved of sterilisation on humanitarian grounds: that the question of doubt as to diagnosis and prognosis and the difficulty of drawing the fine line of demarcation between those who should and those who should not be deprived of the power of propagation appear to have served as deterrents in making the decision on a concrete case: that many well-informed persons have opposed sterilisation as tending towards the spread of immorality and venereal disease by giving liberty to the individual together with the assurance of immunity from pregnancy and its consequences; and that the general aspects of the relation of heredity to mental deficiency have served to raise doubt as to how much may be gained by sterilisation.*

The evidence available in regard to the results achieved in California, where the first sterilisation law was passed in 1909, is far from conclusive. So far as it goes it tends to show that sterilisation has only enabled a small proportion of the defectives to be discharged from institutions. A failure of first efforts in this direction need not however surprise us and further experiments should be sympathetically watched. The Committee are not prepared to deny that this measure might under adequate safeguards prove of value in a very limited number of individual cases selected from among the more stable type of defective with no anti-social tendencies, though they cannot disguise from themselves the serious difficulties that would arise in restricting sterilisation to this particular type of case. They feel however that there is not sufficient evidence at present to justify the general adoption of sterilisation of defectives and are convinced that even if it were adopted no great alleviation of the burden of mental deficiency would follow.

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* " The Social Control of the Feebleminded," S. P. Davis, page 64.

In the first place it would not reduce to any appreciable extent the numbers of defectives already in institutions, since the large majority of these have been admitted and are retained because they are urgently in need of the care and protection which institutions alone can give. The sterilisation of the mentally defective adult is advocated by some persons as an alternative to what they regard as the more expensive method of segregation. Their assumption is that large numbers of mental defectives who are now retained in our institutions would be capable, if sterilised, of maintaining themselves economically, or at least of living harmoniously outside the institutions. The consensus of opinion however amongst those who best know the practical capacities and the temperamental features of the patients who are at present in colonies and institutions is that comparatively few of them would be fit to be restored permanently to live in the community. Sterilisation does not make defectives more stable, does not enable them to earn their living, does not prevent them from getting into mischief, and does not enhance their social efficiency in any way ; it may indeed increase their moral danger and prove injurious to the health of the community.

In the second place the sterilisation of a few individual cases, if legal sanction for this could be obtained, would not appreciably, if at all, reduce the urgent need for a large increase in institutional accommodation. The Committee regard with much apprehension the tendency observed in some quarters to allow the discussion of this question and the hope of legislation on the subject to retard the provision of the institutional accommodation which is so lamentably insufficient in all parts of the country. The cases to which sterilisation could profitably be applied are not among those for whom this additional accommodation is required, for it must be borne in mind that large numbers of defectives are not socially adjustable and should not be left in the community in any circumstances, while many of those who might ultimately be returned to the community would first require a long period of training and stabilisation to fit them for life outside an institution. Moreover the view of many who have had wide experience of mental defectives in this country is that the freedom accompanying sterilisation, though it might increase the happiness of some defectives, would be positively harmful to many others.

In the third place we believe that the legalisation of this measure, however carefully safeguarded, would inevitably greatly enhance the difficulties of bringing defectives within the scope of the Mental Deficiency Acts. The parent would be less likely to apply for the protection of the Acts to be extended to his defective child, the Certifying Officer would be more reluctant to issue his Certificate, and the Magistrate would be less willing to make an Order, if it were known that such action on the part of each of them might render the defective liable to be sterilised.

99. (ii) *Segregation.*—The segregation of mentally defective adults in institutions or homes is generally acknowledged to be one of the most efficient methods of dealing with the mentally defective. But efficient methods are often costly, and to this segregation is no exception. The initial financial outlay for colonies and institutions is so heavy that it is well nigh inconceivable that we should ever be able financially to provide colonies or institutional accommodation for all mental defectives, even if this were desirable. In all provision of institutional treatment for the mentally defective the strictest economy consistent with the efficient training and the happiness of the patients will be necessary and the greatest care will have to be taken to ensure that all available accommodation shall be used to the best advantage.

The problem of the group of defectives requiring permanent segregation should be considered first. This group contains a good proportion of the lower grade defectives. Many of these are nursing cases with severe epilepsy or paralysis, and a considerable proportion of these die during infancy or childhood. Many others remain at home for some years, and it is only when the parents die or are too old to care for them that they are sent to institutions. There are indications however that in the future many more of these low grade cases will be sent at an early age to institutions, especially as parents become more enlightened as to the advantages of institutional care and custody. Reason and experience in this sphere are superseding sentiment.

Another section of this group of cases requiring permanent segregation is that containing the older defectives, most of whom are unemployable. The Committee's suggestion that these cases should be placed in simpler types of institution similar to the better Poor Law Institutions, is one method of easing the financial burden of capital expenditure, and if adopted, will allow for more accommodation for the higher grade trainable cases in our modern colonies and institutions.

Still another section of this group consists of the temperamentally unstable, whose behaviour is often markedly anti-social. Experience has proved that it is most important to segregate these defectives at an early age. If they are not dealt with until they have run the whole gamut of their indiscretions in the outside world, it is almost impossible to stabilise them sufficiently to be useful and happy members of the colony community. These persons are the most conspicuous social failures of all mental defectives, and their failure causes so much discomfort to even the most forbearing community, that the administrative authority has to deal with them under the pressure of public opinion or at the urgent request of their relatives and friends. Comparatively few of this group, even after

years of the stabilising influence and training of the institution, can be successfully restored to the general community, though many of them attain to a standard of efficiency in practical work approximating that reached by normal persons and can creditably perform the more highly skilled work undertaken at our institutions. Whilst they are the great failures of the outside world, they are often the great successes of the colony, so long as they remain there ; and this is true not only in the industrial, but also in the humane sense. The question of the type of institution best suited to deal with these unstable mentally defective persons has been considered in a previous chapter and we need not discuss it further here ; the essential point for present purposes is that these persons form a group that will require permanent segregation.

The segregation of high and medium grade cases that can be trained to do useful work, but are not likely to require permanent segregation, is a problem which is receiving much thought at present and is being viewed from new standpoints. It is generally recognised that large numbers of the young mentally defective men and women who would benefit greatly by a few years' training in these institutions cannot gain admission, not only because of the insufficiency of accommodation but largely because the managers of institutions naturally think more of the safety of those already within the institution than of the danger of those outside. The institutions owing to these conditions tend to become stagnant pools. The new conception which we have advocated strongly in the preceding Chapter is that while many have to remain in the institution all their lives, the colony of the future should be a flowing lake of the greatest fluidity, always taking in and always sending out. One of the chief aims of the institution will be to fit as many as possible of the suitable higher grade defectives for life in the general community under proper supervision.

The administrative and legal aspects of this wider function of colonies and institutions are dealt with elsewhere*. Here it is only necessary to emphasise that if the colonies and institutions can function along these lines they will increase enormously their value as ameliorative agencies. Obviously larger numbers of higher and medium grade defectives would have the advantage of residence and training, and our colonies and institutions would become co-ordinating centres of all kinds of activities and agencies for the welfare of the mentally defective. Incidentally the public would lose its fear of the permanent detention in institutions of large numbers of high grade mentally defective persons—a great gain in every way, as social workers can testify.

100. (iii) *Socialisation.*—" Socialisation " is not a happy term, and " rehabilitation," although better in some respects, is scarcely appropriate, because it does not suggest the more positive aspect of

* Chapter IV, paras. 70, 76–87.

the process, which is that of assimilating the mentally defective persons into the economic and social life of the general community. On the one hand socialisation enables defectives to live a happy, useful, harmonious life outside the institution, whilst on the other hand it safeguards the public from the disastrous consequences that have hitherto often resulted from the freedom allowed to the mentally defective. There must be a double adaptation—of the mentally defective person to the environment and of the environment to the mentally defective person.

There is no prospect, at any rate in the near future, of sufficient institutional accommodation being provided for all the mentally defective persons in the country who need it, and the majority of them must for many years to come remain amongst the general community. Up to the present the public has left them to manage for themselves with what help, guidance and supervision their relatives can give them, and the results have been so disastrous and costly as to be recognised by everyone who has taken the trouble to study the subject.

Moreover we must recognise that the natural trend of events makes rather for the ostracism than for the socialisation of the mentally defective person. The process, as already noted, begins in the school ; and the mentally defective adult is more definitely ostracised at present than fifty years ago. The increasing keenness of commercial competititon and the scientific development of industry make it more difficult for the person of poor mental endowment to earn a living. The progressive employer is coming to realise that the employment of unintelligent workmen is really an unprofitable business proposition. Large business firms have schools for the boys and girls whom they take for a period of probation, and the subnormal ones are weeded out at an early stage. Minimum wages, trade union rates, and the Acts relating to Workmen's Compensation, Employers' Liability and Health Insurance all contribute to the process of the industrial and social ostracism of the mentally defective.

The success with which mentally defective persons who remain in the community can be made to live useful and happy lives depends in the first place upon the right selection of cases. Fortunately there are large numbers of the feeble-minded who are fairly stable temperamentally and many of these can be successfully socialised. There are also a number of quiet, well-behaved imbeciles who, especially after a period of training in an institution, would live quite happily and harmoniously at their homes or with foster parents.

It is necessary to emphasise that the number of mentally defective persons that can be safely cared for in the community depends chiefly upon the amount of training and supervision the community is willing to provide. It has been proved that a certain degree of social adaptation by many mental defectives is possible if they receive suitable practical training in Day Schools, Occupation, Handicraft or Industrial Centres, together with efficient and careful

supervision by a Statutory or Voluntary Authority especially during childhood and adolescence. Many pupils educated in the day Special Schools for the mentally defective have been even known to hold their own in the industrial system when they have had the advantage of efficient supervision by social workers and especially if the co-operation of the parents and employers has been enlisted. Training and supervision however are essentially complementary factors. To train defectives and then to neglect their social care is simply wasteful, whilst on the other hand successful supervision is impossible unless the defectives are properly trained.

It must be admitted that our present attitude towards the mental defective is altogether too passive or merely repressive. "Care, supervision and control" have been interpreted hitherto in too negative a sense. If we were to place greater emphasis upon the activities of the mental defective that can be directed into useful channels, we should need to concern ourselves less about their care, supervision and control. Suitable and congenial employment is essential to human happiness ; whether the individual be normal or mentally defective, nothing socialises so effectively as work. There are always a certain number, and unfortunately a large number in thickly populated areas, who though employable cannot be assimilated by the ordinary industrial system, and these numbers are considerably increased at periods of trade depression such as the present. The mentally inferior persons are generally the first to lose their situation when workmen have to be discharged. Idle, unprofitable, unwanted at home, miserable, not infrequently in moral danger, they are a burden to themselves, their families and the community. A beginning has been made in the establishment of Handicraft Centres for these unemployed defectives. One of the essential conditions of successful socialisation of many adult defectives who cannot be admitted to institutions is the organisation in all our large towns of Handicraft Centres. These centres will be attended not only by the mentally defective adults who have never been to institutions, but also by many of those who have been discharged on licence and for some reason or other cannot find employment.

The training given at the colony can and should prove a valuable initial stage in the process of socialisation, and as we hope in the near future to extend the benefits of colony training to much larger numbers of the younger mental defectives, it is probable that many of the present difficulties of socialisation will be minimised. One of the chief aims of those responsible for the training and care of the mentally defective in these institutions will be to equip as many as possible of suitable cases to take their place in the outside world. At present a certain number are sent out from institutions on licence, but it must be admitted that many have to return because they fail to adapt themselves to conditions in the general community. One of the chief reasons for this failure is that the gulf between

the well-ordered sheltered life of the institution and the comparatively free and independent life outside is too wide for the defective to bridge. The process of restoring a defective to the general life of the community must be gradual if it is to be successful.

Moreover it is essential that there should be complete and whole-hearted co-operation between the officers and teachers of the institution and the officers of the Local Authority and the social workers whose duty it will be to supervise the defectives sent out on licence. Much of the good work done at institutions will be wasted unless the supervision of the defective when on licence is exercised systematically and wisely, whilst on the other hand the social supervisors cannot perform their part efficiently unless they can rely upon the co-operation of the officers and teachers of the institution. One instance of the importance of this co-operation is the choice of employment for defectives. An essential condition of successful socialisation, especially in the case of the higher grade feeble-minded, is that they should be usefully employed after leaving the colony. The industrial efficiency of the high grade defective is generally higher inside than outside the institution and while he may under the careful supervision of the institution trainer be capable of doing a highly specialised process in a certain trade, it will be found that when he has to work under the conditions that prevail outside he will only be capable of rough semi-skilled work in that trade and will too often be unable to find work in any branch of the trade in which he has been trained. The social worker can ascertain what occupation is likely to be available in a certain district for a defective whom it is proposed to return to the community and the nature of his training in the institution can be adapted accordingly. It is also obvious that this co-operation is essential to ensure in the case of threatened failure of the defective who is out on licence his or her return to the institution without delay.

Socialisation as an ameliorative measure cannot be considered apart from its financial aspect. A large majority of mentally defective adults who receive financial help from public funds are dealt with under the Poor Law, not as defectives, but simply as paupers in receipt of out-relief, and it is at least questionable whether the public money thus given is at present spent in the manner most advantageous to the community and to the individual. It is true that a certain proportion of the mental defectives who receive outdoor relief are too low grade to be employed usefully; but there are large numbers especially in the towns who could be usefully employed in handicraft centres or otherwise. Their parents and guardians would welcome such facilities, the defectives themselves would benefit from suitable occupation, and the public would have a better guarantee that the money it supplies was really spent to the best possible advantage. To deal with a defective simply as a pauper is to ostracise him; but let him render the community

some service, however modest or humble, and he will acquire some measure of self-respect and thus take the initial step towards socialisation.

Concluding Remarks.

101. The prevention of mental deficiency and the amelioration of its consequences obviously involve many difficult and complicated problems, of which there is no one clear-cut, comprehensive solution. There are no grounds however for a pessimistic view as to the biological stability of the human race ; but whilst there is no cause for alarm, there are certainly no grounds for complacency. The prevention of the familial type of mental deficiency, as we have seen, is a problem that merges into the still larger one of the selective fertility of superior and inferior cultural groups in every civilised country—a problem that cannot be neglected by a nation if it is to compete advantageously with other nations. The prevention of secondary amentia, where environmental conditions are the chief factors, is a problem with which medical science has made great progress in recent years and is likely to make still greater advances in the future. Any measures that can be applied to reduce the incidence of mental deficiency must necessarily operate slowly, and what these measures may be is a problem which urgently demands further research. There is every reason to hope however that comprehensive schemes for the segregation and socialisation of defectives will not only lighten the burden which mental deficiency imposes upon the nation, but will be far less costly than our present neglect of the mentally defective.

CHAPTER VI.

SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS.

102. In the course of this Report we have described the nature of mental defect, the existing statutory provisions with regard to the mentally defective and the administrative arrangements made for their care, training and education. We have reviewed the findings of the special investigation held by Dr. Lewis into the incidence of mental defect in certain urban and rural areas, and have discussed the application of those findings to England and Wales as a whole. We have considered the problems submitted to us in the light of those findings, and have set out fully in the appropriate chapters of this Report the conclusions we have reached and the recommendations we make in regard to each of the questions that we have had under review. We propose here to confine ourselves to a concise statement of our main conclusions and recommendations, particularly in regard to adults, indicating in respect of each of them, for convenience of reference, the numbers of the relevant paragraphs in the body of our Report.

I. PRINCIPAL CONCLUSIONS ARISING OUT OF THE COMMITTEE'S REVIEW OF THE PRESENT POSITION AND OF THE FINDINGS OF THEIR SPECIAL INVESTIGATION.

1. The Meaning of Mental Defect.

Some doubt exists as to the meaning of the definition of "mentally defective" children in Section 55 of the Education Act 1921 and of "feeble-minded" children in Section 1 (*c*) of the Mental Deficiency Act 1927. It is sometimes held that the only criterion of mental defect for the purpose of these definitions is the educational one. In the light of all the other definitions contained in the Mental Deficiency Acts and of the best scientific opinion, we have taken the view that, whatever may be the correct legal interpretation of these definitions, the real criterion of mental deficiency is a social one, and that a mentally defective individual, whether child or adult, is one who by reason of incomplete mental development is incapable of independent social adaptation. (Part I, Chapter II, para. 21.)

2. Powers and Duties of Local Authorities.

(*a*) We find that the *powers and duties of Local Education Authorities* with regard to the ascertainment and notification of children to the Local M.D. Authority are in some respects obscure,

and in some respects more narrowly restricted than we believe to have been intended by Parliament :—

(i) The terms of Provisos (ii) and (iv) of Section 30 of the Mental Deficiency Act 1913—provisos which appear to be contradictory—throw considerable doubt on the question whether Local Education Authorities may ascertain, certify and notify children who are in the hands of the Poor Law Authorities. (Part I, Chapter III, paras. 37, 50 and 51.)

(ii) Owing to factors which have arisen since the passing of the Mental Deficiency Act, 1913, and the interpretation which has been placed on the term "special circumstances" in Section 2 (2) (*a*) of that Act, little use has been made of the power of notifying educable mentally defective children of school age who are in need of care and control under the Mental Deficiency Acts. (Part I, Chapter III, para. 42.)

(*b*) In regard to the *powers and duties of Local M.D. Authorities*, we do not feel that the intentions of Parliament have been realised. It was no doubt anticipated when the Mental Deficiency Act of 1913 was passed, that most defective children would be notified by Local Education Authorities before they left school and that Local M.D. Authorities would consequently have to ascertain for themselves only those defectives whose need for care and control first manifested itself in later life. It was presumably in consequence of these assumptions that it was not thought necessary to widen the conditions rendering defectives subject to be dealt with under the Act or to give these latter Authorities any power or duty to ascertain or deal with defectives in the hands of the Poor Law or Lunacy Authorities, or with defective children between the ages of 7 and 16 unless notified by Local Education Authorities.

The facts :—

(i) That only a small proportion of mentally defective children have been so notified ;

(ii) That numbers of defectives are in the hands of Poor Law and Lunacy Authorities ; and

(iii) That the Local M.D. Authority can only themselves "ascertain" and provide for defectives who are "subject to be dealt with" under the Mental Deficiency Act by reason of having been found neglected or cruelly treated, or having come into contact with the law or got into serious trouble ;

have restricted the field of the Local M.D. Authorities' activities to a greater extent than we think was contemplated by Parliament. (Part III, Chapter I, paras. 2 and 3.)

(*c*) Though *Poor Law and Lunacy Authorities* have power to maintain persons who are defective in their institutions, neither Poor Law Institutions nor Mental Hospitals are as a rule suitable places

for their retention. Moreover, defectives so maintained are dealt with either as paupers or as persons of unsound mind and are deprived of all the benefits and safeguards of the Mental Deficiency Acts. (Part III, Chapter I, paras. 7 and 8.)

(*d*) Defective children in *Home Office Schools* are also, broadly, outside the province of the Education and Mental Deficiency Acts, and though well looked after in the schools are to some extent debarred from the continuity of care which those Acts are intended to confer. (Part I, Chapter III, para. 53.)

3. Numbers of Defectives ascertained and dealt with by the Local Education and M.D. Authorities.

(*a*) *Local Education Authorities* have ascertained 33,000 educable mentally defective children in England and Wales and the total Special School accommodation available for these children consists of 1,800 places in Residential Schools and some 15,000 places in Day Schools, accommodation which is only sufficient for half the children hitherto ascertained. (Part II, Chapter IV, paras. 55 and 56.)

(*b*) The numbers of children *notified* by Local Education Authorities to Local M.D. Authorities amount annually to some 2,400 children between 7 and 16 years of age. (Part II, Chapter IV, para. 60.)

(*c*) *Local M.D. Authorities'* returns do not indicate how many mentally defective children have been reported to them. Their latest returns, however, show that they have knowledge of some 62,000 defectives of all ages, that is to say 1·57 per 1,000 total population. Only 39,000 of these (or 1 per 1,000 population) have been "ascertained" to be "subject to be dealt with" under the Mental Deficiency Acts. Of these some 20,000 have been sent to institutions; 1,100 have been placed under guardianship and the remainder numbering some 18,000 have been placed under supervision. (Part II, Chapter IV, paras. 60 and 61.)

(*d*) There are only 111 *Occupation Centres*, nearly all provided by voluntary bodies, though financed by Local Authorities, and the total number of defectives (most of them being children) who are being trained at these Centres does not exceed some 1,200. (Part II, Chapter IV, para. 73.)

4. Numbers of Defectives in England and Wales calculated or estimated on the Basis of the Findings of the Committee's Special Investigation.

(*a*) The total number of *children* between the ages of 7 and 16 who are *mentally defective within the meaning of Section* 55 *of the Education Act*, 1921, is approximately 105,000, that is to say, rather more than three times as great as the number actually ascertained and certified by Local Education Authorities. (Part II, Chapter V, paras. 83 and 93.)

(*b*) The number of *lower grade defective children, i.e. imbeciles and idiots,* under 16 years of age on the actual basis of our investigation is at least 30,000. We are, however, convinced that this figure is an under-estimate, because the ascertainment of younger children was necessarily incomplete. (Part II, Chapter V, para. 97.)

(*c*) The total number of *adult defectives* of all grades in the whole country is certainly not less than 150,000. This number is two and a half times as great as that given in the returns submitted to the Board of Control of defectives of all ages brought to the notice of Local M.D. Authorities. (Part III, Chapter III, para. 30.)

(*d*) Of the 105,000 children referred to in paragraph (*a*) it is estimated that about one-third, or 35,000, are educationally rather than socially defective, while the remaining two-thirds, that is 70,000, are mentally defective within the meaning of the Mental Deficiency Acts. If we add to this figure (70,000) the 30,000 lower grade defective children and the 150,000 adult defectives, we find that the total number of *persons of all ages* in England and Wales who are *mentally defective in the true sense,* that is, who are by reason of incomplete development of mind incapable of independent social adaptation, is 250,000. We know that this number, which is based directly upon the actual numbers ascertained in this Investigation, is an under-estimate, and, after allowing for the inevitable incompleteness of the ascertainment and making certain corrections, we estimate that the total number of persons in England and Wales who are mentally defective in the true sense is at least 300,000*, which is equivalent to an incidence of mental defect of eight per thousand total population. (Part III, Chapter III, para. 30.)

(*e*) All these figures which are based on the findings of our Investigation show clearly that the numbers of defectives ascertained and provided for by Local Education and M.D. Authorities are far smaller than they should be.

5. Other Findings of the Committee's Investigation and Conclusions arising therefrom.

(*a*) The incidence of mental defect as ascertained in the Committee's investigation is approximately twice as high as that found 20 years previously by the Royal Commission on the Care and Control of the Feeble-minded. This increase is probably due in the main to greater thoroughness and improved methods of ascertainment. But, after allowing for these and other factors, we believe that the evidence available suggests that there may have been some increase in the incidence of mental defect even during the past 20 years. (Part III, Chapter III, paras. 31 and 33–37.)

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* This number (300,000) does not of course include the 35,000 children whose defect is educational rather than social.

(*b*) The Committee's investigation shows that there is a marked difference in incidence of mental defect between urban and rural areas. The mean incidence of defect for all ages in the urban areas was 6·49 per 1,000 population as compared with 10·66 in the rural areas. There is evidence that this disparity is connected with the problem of rural depopulation and with other important social problems. (Part III, Chapter III, paras. 35 and 38, and Part IV, Appendix A, Table 11.)

(*c*) According to our investigator's findings, over 40 per cent. of the whole number of adult defectives ascertained were being dealt with by Poor Law Authorities, and were thus for practical purposes outside the scope of the Local Mental Deficiency Authority. Of the whole number of adult defectives receiving assistance from public funds, at least 75 per cent. were assisted by Boards of Guardians, either in Poor Law Institutions, in Mental Hospitals, or by way of outdoor relief. These facts alone, in the Committee's opinion, render essential a modification of the statutory provisions relating to the mentally defective if any continuity and unity of care and control are to be secured and if the benefits of the Mental Deficiency Acts are to be made available for all defectives who are in need of them. (Part III, Chapter III, paragraph 41.)

II. PRINCIPAL RECOMMENDATIONS.

A. Recommendations in regard to Adult Defectives.

1. Unification of Responsibility for Adult Defectives.

We consider it to be a fundamental condition of any comprehensive scheme for the care, training and control of defectives that every practicable step should be taken to concentrate all existing powers in regard to adult defectives (as well as lower grade and notified mentally defective children) in the hands of a single Authority, namely, the Local Mental Deficiency Authority. With this object we recommend that such powers as Lunacy Authorities and Poor Law or Public Assistance Authorities possess in regard to defectives be transferred to the Local M.D. Authorities, and that the whole of Provisos (ii) and (iii) of Section 30 of the Mental Deficiency Act, 1913, be repealed. (Part III, Chapter IV, paragraphs 51–54.)

2. Ascertainment.

If all notifiable children are notified and if unity of control is secured, the principal barriers in the way of adequate ascertainment of defectives will be removed. Nevertheless it is and will continue to be necessary for Local M.D. Authorities to do all in their power to ascertain all defectives in their areas who are in need of care and

control and to establish the closest co-operation with the Poor Law or Public Assistance Authorities and with the Prison and Lunacy Authorities. (Part III, Chapter IV, para. 55.)

3. Care of Defectives in the Community.

(*a*) We recommend that Local Mental Deficiency Authorities should make far more use than at present of the existing forms of community care ; that they should make them a reality by more thorough and systematic organisation of the supervision of defectives ; and that the obligation to provide training and occupation in all cases requiring it should be enforced. (Part III, Chapter IV, paras. 56–64.)

(*b*) As the existing forms of care are not applicable to all cases we recommend that power should be given

(i) to Local M.D. Authorities to grant financial assistance to defectives placed under supervision, and

(ii) to the Justices to make an Order on Petition placing defectives under the guardianship of the Local M.D. Authority, whose duty it should be to arrange for such guardianship through appropriate officers. (Part III, Chapter IV, para. 65.)

4. Care of Defectives by means of Institutions and Licence.

(*a*) All Local M.D. Authorities should either by themselves or in co-operation with neighbouring Authorities, carry out their duty of providing sufficient institutional accommodation for the needs of their own areas. (Part III, Chapter IV, para. 80.)

(*b*) Each Authority or combination of Authorities should provide a fully equipped Central Colony taking defectives of all types, ages and grades. Provision should also be made for one or more hostel branches and simpler institutions, each suitable for some particular class or classes of defectives who do not require the special training and more costly forms of care which only the Central Colony can provide. (Part III, Chapter IV, paras. 70, 71, 73–79.)

(*c*) The colony should serve as the centre of the Local Authority's activities on behalf of defectives who cannot be adequately trained or cared for in the community. (Part III, Chapter IV, para. 81.)

(*d*) Wider use should be made of the power of licensing suitable defectives from institutions, with a view both to fitting the defectives for transfer to guardianship or supervision or, where practicable, for ultimate discharge, and also to relieving in some degree the urgent pressure on the institutional accommodation. (Part III, Chapter IV, paras. 82–87.)

(*e*) For defectives with incorrigible criminal tendencies and for those suffering from a multiplicity of defect we recommend that the Board of Control should provide such institutional accommodation

as may be necessary. We further suggest that both Local M.D. Authorities and Local Education Authorities should be empowered to send to and maintain in these institutions defective adults or children for whom they are respectively responsible. (Part III, Chapter IV, para. 72.)

B. General Recommendations.

1. Co-ordination of Mental Health Services.

With a view to the ultimate concentration of responsibility for the prevention and care of all forms of mental ailment—whether mental deficiency or mental disorder—we suggest that further consideration should be given to the question of the amalgamation of the functions of Local Authorities' Visiting and Mental Deficiency Committees and of the institution of a post of specialist Officer of Mental Health in each area. (Part III, Chapter IV, para. 88.)

2. Need of Further Research.

We recognise that many of the problems which we have had under consideration require much further research before any final conclusions can be reached, and we recommend that special investigation and research be made particularly in regard to the causation and prevention of mental defect ; the further elucidation of the difference of incidence of defect in urban and rural areas ; and the relationship between mental defect and other social problems. (Part III, Chapters III and V.)

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REPORT

OF THE

MENTAL DEFICIENCY COMMITTEE

being a Joint Committee of the

BOARD OF EDUCATION AND BOARD OF CONTROL

PART IV—Report on an Investigation into the incidence of Mental Deficiency in six areas, 1925–27, by E. O. LEWIS, M.A., D.Sc., M.R.C.S., L.R.C.P.

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29, Highbury New Park,
London, N.5.

January, 1929.

To the Chairman and Members of the
Mental Deficiency Committee.

Sir, Ladies and Gentlemen,

The report which it is my privilege to submit for your consideration is a record indicating the extent to which my colleagues and I, to whom you entrusted the investigation of the incidence of mental defect, have been able to accomplish the task. We have spent almost three-and-a-half years in the investigation; two-and-a-half years were taken in collecting data in the six investigated areas, and about a year in analysing these data and preparing the report. We realised at the outset that the task we had undertaken was a formidable one; but when we came to close grips with it, its magnitude and complexity, not to mention its delicacy, were even greater than we had anticipated. Many of our experiences in the course of this investigation reminded us of the anomalies of some of the earliest censuses made of the general population, such as those in China, where it is said that a census was made in 1711 in connexion with the poll tax and military service, and the population was estimated to be only 28 millions; but when some years later another census was taken with a view to certain measures for the relief of distress, the total arrived at was 103 millions. In the light of our experience of the last three years we admit that our data are necessarily incomplete in certain respects. Notwithstanding this we hope they are sufficiently comprehensive to form a basis for your deliberations; while for certain sections of the community, especially school children and persons in institutions, we are confident that they are complete enough to enable you to estimate with a considerable degree of accuracy the real magnitude of the problem presented by the mentally defective.

At the end of our labours the shadows of our difficulties are scarcely perceptible in the light of the great kindness we received in every branch of our work and in practically every quarter to which our inquiry took us. First and foremost my colleagues and I wish to acknowledge our indebtedness to you as a Committee. We were much encouraged at all stages of the investigation by your sympathetic understanding of our difficulties. We have also benefited greatly from the expert advice which each member has given us so readily, often at much personal inconvenience. Moreover, we acknowledge gratefully the most helpful observations and criticisms made by individual members on the first draft of this report. We feel we are specially indebted to you, Mr. Chairman, for the personal

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interest you have taken in our work, for the invaluable guidance you have given on the broader problems that confronted us, and for many cogent and pertinent criticisms which have added considerably to the value of this report especially in regard to the administrative aspects of the problem. We would also like to take this opportunity of thanking Mrs. Hume Pinsent and Dr. R. H. Crowley for their many kindnesses, and, in particular, for giving us personal letters of introduction to officials in the investigated areas, and thus securing for us a degree of co-operation which would otherwise have been impossible.

We would also like to express our indebtedness to the Secretary of the Committee, Mr. N. D. Bosworth Smith. No pains were spared by him to ensure that our investigation was conducted under the most favourable conditions. The preliminary arrangements he made with the officers of the various Local Authorities enabled us to begin our work in each area with the full co-operation of the officers of these Authorities; and this proved a great initial advantage. During the last three years we have made heavy demands upon his time, energy and not infrequently, we fear, his patience; but he has invariably been most ready to give every possible assistance and advice.

I personally wish to thank my colleagues who devoted themselves so whole-heartedly to the investigation in various areas. Miss S. Catherine Turner fulfilled the duties of social investigator most efficiently. With the general task of organising preliminary inquiries and the more social aspects of the work, Miss Turner was of the greatest assistance. On the one hand, her thorough knowledge of the administrative problems pertaining to mental deficiency, her systematic investigation of various sources of information, and her success in gaining the co-operation of voluntary bodies, were invaluable assets in this inquiry; whilst, on the other hand, her tactful and sympathetic approach to individual defectives and their relatives reduced considerably the difficulties of our task. To Miss M. O. Charlton and Mrs. N. Williams Jones, B.A., who undertook the duties of social investigators in some of the areas, I am also much indebted. My wife, who throughout the investigation acted as my personal Secretary, also rendered most helpful assistance; this enabled me to confine my attention to those aspects of the work that necessitated medical or psychological knowledge and experience.

It is quite impossible to mention individually all the persons in the investigated areas who helped us. We were greatly encouraged by the kindness with which we were generally received. If our data prove to be of value, the credit will be due largely to the voluntary assistance given by many persons interested in social problems who were thoroughly conversant with the localities investigated. The Officers of the various Authorities—the Medical Officers, the Directors of Education, the Clerks of the Guardians, the Masters and Matrons

of Poor Law Institutions, the Secretaries of the Local M.D. Authorities—the officers of the Voluntary Associations for Mental Welfare, and many others, spared no pains in facilitating our inquiries. We wish also to thank the Head Teachers and Class Teachers who prepared with great care the preliminary lists of retarded children. We were glad to see the keen interest they took in our inquiry and in the educational and social problems which mentally defective and retarded children present.

In the preparation of the report we were fortunate in having the services of Mr. E. R. W. Sage, of the Board of Education. Mr. Sage has considerable knowledge of and experience in presenting statistical data ; by his detailed and critical analysis of our figures he has made a valuable contribution to the present investigation, and we feel much indebted to him. Mr. G. F. Williams, of the Board of Control, also has made a number of helpful suggestions in regard to the general arrangement of the statistical data. I am also grateful to Dr. E. E. Jones, who kindly corrected the first draft of this report.

The questions with which the report deals have received comparatively little scientific investigation in this country; and therefore it is but natural that our data should open out to us long vistas of new and unsolved problems. These data admittedly present many more problems than they solve. We hope, nevertheless, that the results of these inquiries, by defining more clearly some of the essential issues, will prove helpful to future students in this field of research.

I am, Sir, Ladies and Gentlemen,

Yours most respectfully,

E. O. LEWIS,

Medical Investigator.

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REPORT ON AN INVESTIGATION INTO THE INCIDENCE OF MENTAL DEFICIENCY IN SIX AREAS, 1925-1927.

CHAPTER 1.

DESCRIPTION OF THE AREAS INVESTIGATED AND OF THE METHODS ADOPTED.

I. INTRODUCTORY REMARKS.

The present investigation resembles in many ways those conducted by the medical investigators under the Royal Commission on the Care and Control of the Feeble-Minded in 1906. Our inquiry in some respects was less comprehensive than theirs, because our chief purpose was to ascertain data that would enable the Committee to suggest to The Board of Control and The Board of Education solutions of certain administrative problems, the general nature of which has been indicated in the first chapter of the Committee's Report. Ours was primarily an investigation of administrative, and not of scientific, problems. At every stage of our inquiry this consideration determined the apportionment of our time and attention: and the same consideration has been the guiding principle in writing this Report. Incidentally, in the course of our investigation many data of scientific interest were also collected; some of these are included in this Report, and we hope that it will be possible to publish more at a later date.

During the twenty years that have elapsed since the last investigation there has been considerable progress in the fields of administration and study that relate to mental deficiency. The Mental Deficiency Act, 1913, and the Elementary Education (Defective and Epileptic Children) Act, 1914, brought mental defectives actually or potentially into the category of persons to whom statutory authorities are required to give special attention. It is true that in some areas very little has been done to provide for the care and training of the mentally defective, but in most parts of the country the authorities have endeavoured at least to ascertain the mental defectives who live in their areas; and this information was readily placed at our disposal in all the areas we investigated. The experience gained in the administration of these two Acts during the last decade has clarified considerably our conception of the type of adult and child that should be regarded as mentally defective; much greater interest is now taken by the public generally in the problem of mental deficiency than was the case when the previous investigations were made; and the whole outlook in this field of study has changed with the adoption of more definite standards of mental deficiency, especially those applied to children. All these factors gave us an initial advantage over our predecessors.

The fact that the present investigation in all six areas was delegated to one medical investigator—with the assistance of social investigators and a secretary—ensured that the same standards were applied throughout. The inquiries for the 1906 Royal Commission, it will be remembered, were made by different medical investigators in the various areas. There are advantages and disadvantages in both arrangements. The results of the present investigation should not however be regarded as the product of the labours of only one investigator and his assistants. The information embodied in the statistical tables of this Report could not possibly have been amassed by so few persons in the comparatively short period of two years without the wholehearted co-operation of many others. Our work in this inquiry could well be described as that of garnerers of the fruits of the knowledge and experience of a large number of administrative officers and social workers who were well acquainted with the inhabitants of the investigated areas. It is true we had the task of sifting the information and of examining each case by the application of standards agreed upon by the Committee ; but the figures we present in this Report are based not only upon our own judgments but upon those of many persons in responsible administrative, industrial, and social positions.

II. AREAS INVESTIGATED.*

(1) General Description of Areas selected.

One of the first tasks of the Committee was the determination of the unit of population to be investigated in each area. It was essential that each area should be sufficiently populous to yield an ascertainment so large that the combined results for all the areas might fairly be regarded as forming a reliable statistical basis for application to England and Wales as a whole. It was equally important that the unit of population should not be larger than would permit of a fairly thorough and complete ascertainment being made in the time that could be allotted to the task. The Committee finally decided that a unit population of 100,000 in each area would probably satisfy both these conditions.

The choice of the areas to be investigated was also a matter that necessitated careful consideration. It was originally contemplated that the investigation should extend over ten areas, but it was finally decided that sufficiently full and reliable data could be obtained if

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* The Committee, in asking the co-operation of the Authorities in whose areas the investigation was held, undertook that the data obtained in any particular area would not be used for administrative purposes as regards that area. It was further understood that the names of the areas would not be published ; descriptive titles have therefore been substituted in this Report.

While the suppression of the names may possibly detract to some extent from the interest of the Report, its value from the administrative and scientific points of view is not affected.

the number were limited to six, provided that the areas selected were fairly representative of the geographical, social and industrial conditions of the country as a whole. Of the six areas three were urban, two rural, and one partly rural and partly urban. The three urban areas were a typical extra-metropolitan district, a north country cotton town, and a coal-mining area in the Midlands. One of the rural areas was in the Eastern Counties and the other in Wales; the hybrid urban-rural area was in the South-West of England. A few preliminary notes on the social and industrial features of each district may be helpful in the interpretation of our statistical data.

(a) *An Extra-Metropolitan Urban Area.* (Urban Area A.)

As in most extra-metropolitan districts, the population of this investigated area had grown rapidly. Sixty years ago it was little more than a village on the outskirts of London, whereas now it is densely inhabited by a population of about 150,000. Few of the families have been in this area for more than a generation or two, and therefore it lacks the local traditions that seem necessary to secure the condition of social stability found in the older provincial towns. In most extra-metropolitan districts there is a lack of what may be called "social cohesiveness"; and the investigated area is fairly typical in this respect. It is difficult to describe, and it is perhaps unnecessary to discuss at length the nature of this social cohesiveness. It implies at least that the inhabitants have some general interests in common. The larger the town, the less cohesiveness we are likely to find: everyone who is conversant with public or social work in London realises this. Perhaps the suburbs are even more lacking in this respect than the metropolitan area itself. The fact that practically all the inhabitants of Urban Area A have come to the district during the last fifty years is sufficient in itself to account for the lack of social cohesiveness. Then again there is no one industry in the district itself in which the majority of the men are engaged. Large numbers are employed in city offices, and therefore their interests lie to a considerable extent outside the area. The men are mostly clerks, commercial travellers, insurance agents, salesmen, shop assistants, metal workers, water transport workers, or unskilled labourers. A large proportion of the women are also employed outside their homes as clerks, typists, makers of textile goods and articles of dress, waitresses, saleswomen, and shop assistants. The group spirit is not fostered to any great extent in such occupations; and even where it exists it does little to create a community of interest in the neighbourhood of the homes, because its focus is at the office or workshop.

Still another feature that militates against social cohesiveness in this area is the migration of the people to and from it, even in these years when the shortage of houses makes for stability. The social status of the inhabitants in certain districts of the area is

deteriorating—more especially in the western part. Head Teachers who had lived in the district for many years commented upon this change, and expressed the opinion that the mental endowments of the children of to-day in some of the schools compare unfavourably with those of the children at these schools thirty years ago. Even so, the social status of the inhabitants is probably higher than in many extra-metropolitan areas.

Emphasis has been placed upon this factor of social cohesiveness because it affects considerably the thoroughness of an investigation such as ours. In a district where even neighbours are almost complete strangers to one another the social investigator finds it difficult to get complete and reliable information. Moreover, in a loosely knit community the various social services, even if they exist, function with difficulty; and for our initial information concerning the mental defectives living in the district we relied of necessity largely upon the various social services. But this factor of social cohesiveness has also an important bearing upon other aspects of the problem of mental deficiency, as will be seen when we come to discuss the problem of the "socialisation" * of the mentally defective, that is, their assimilation into the general life of the community. The ease and thoroughness with which this "socialisation" can be achieved will naturally depend largely upon the degree of social cohesiveness existing among the general population of the locality.

The people living in this area possess no marked racial characteristics which call for special comment. Most of the children at the schools are typically English, but there are also a fair number of Irish and Scotch descent. Comparatively few of alien parentage seem as yet to have come to the area. In one corner of the area there is a fairly large caravan community, consisting of some scores of families. Most of these apparently hailed originally from the Eastern counties, and some of them undoubtedly were descendants of the gypsy families of Norfolk. The standard of living of some of these caravan families is distinctly higher than that of many who live in the slum homes on the western border of the area.

Table 2† shows that Urban Area A has a comparatively "young" population—that is, the average age of the inhabitants is lower than that in the country generally. Much of the house property in the district is of the kind usually sought by young persons newly married. In a "young" population the number of children is of course relatively large; and this being the case we would naturally

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* *See* Chapter 5, page 163, and also Part III of the Committee's Report, where this question is more fully discussed.

† This and the other Tables referred to in this Report, apart from a few smaller Tables which are included in the text, will be found in Appendix A.

expect to find that the proportion of mentally defective children to the general population would be correspondingly high. We would for the same reason expect to find a relatively high proportion of lower grade defectives (i.e. imbeciles and idiots) in such an area, because the proportion of these defectives is decidedly higher among children than adults.

(b) *A Cotton Town in the North.* (Urban Area B.)

Urban Area B, one of the chief centres of the weaving industry in the North of England, was chosen because it is typical of towns where textile industries predominate. The population increased steadily throughout the last century until at present it is about 126,000. The gradual growth of the town has been conducive to a relatively high degree of civic stability. Its Public Departments have been established for several generations and all the essential social services have consequently been thoroughly organised, this proving a valuable initial asset in our investigation. A stranger cannot be long in this town without realising the pronounced civic spirit of the people. They form a community bound together by certain interests, customs and conventionalities. This local patriotism, which was lacking in the Extra-metropolitan area, indicates a considerable degree of social cohesiveness ; and therefore in certain respects these two urban areas present markedly contrasting features.

Though a few of the men living in this area are employed in the neighbouring collieries, the majority are engaged in the cotton mills. The weaving industry, which of course makes a greater demand for female than for male labour, is so predominant that it has modified considerably the normal balance between the sexes, and has created social problems peculiar to this type of town. According to the 1921 census the male population of the whole borough was 57,647 and the female population 68,996, a ratio of males to females of a little more than 8 to 10 as compared with the normal ratio in the whole country of approximately 9 to 10. The employment of so many women, and especially of women who are married and have children, influences considerably some of the most fundamental aspects of life in the community. Students of social problems have written much that is disturbing about the deleterious effects of the neglect of home life—the high infant mortality, the hardships of the children and other features of these industrial centres where there is so much woman labour. It is gratifying however to find that the community as a whole has, with the experience of generations, adapted itself fairly satisfactorily to so fundamental a handicap as the absence of the mother from the home for the greater part of the day, though as we shall note later, the employment of large numbers of women in the mills had a rather important bearing upon some of the data of our inquiry.

At the time of this investigation there was considerable depression in the cotton trade, and large numbers of the people of this district were unemployed. The depression seemed to affect the men even more than the women, with the result that large numbers of them were obliged to seek Poor Law Relief. Incidentally this proved of some advantage to us in our investigation. The completeness of our inquiries concerning adult defectives depended in some measure upon the opportunities the various Local Authorities had of coming in contact with feeble-minded persons ; and a period of industrial depression undoubtedly brings to the notice of the Poor Law Authority many such persons who otherwise would be unknown to them. This will account to some extent for the higher ascertainment of mentally defective men than women in this area.* Probably the ascertainment of feeble-minded women in this district was not so complete, because even at a time of trade depression there is much simple mechanical group work in the mills that the feeble-minded women are capable of doing ; and as long as these women can earn their living, or contribute materially towards it, they do not become known to any Public Authority, although they may be recognised as feeble-minded by everyone in their circle.

We were unable to discover any ethnological features of the inhabitants of this cotton town that have any direct bearing upon the subject of our inquiry. The comparatively short stature of many adults, often combined with marked rachitic features, would not escape the notice of even the most casual observer ; and these features were all too prevalent even among the children. Whether their stature is a racial feature, or whether it is one of the deleterious effects of the industrial employment of the mothers it is difficult to determine. Large numbers of Irish people migrated to the district during the last century : but whatever may have been the quality of the immigrant from the West, that from the South, according to well authenticated sources, has not always been the best either physically or mentally. In the early and middle part of the nineteenth century, when there was a great demand for labour in the mills, certain overseers of London parishes sent considerable numbers of boys and girls to the North ; but in each group of these Poor Law children some " imbeciles "† were included. Probably the mental quality of the so-called normal children of these groups was not high, and did not justify the implied compliment that it should be counter-balanced by the inclusion of " imbeciles."

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* Ch. 3, page 68.

† Hansard for June 6, 1815, states that " a Lancashire mill-owner contracted with a London Parish to take one ' idiot ' to every twenty sound children supplied " ; it is understood however that the practice was not in fact confined to a single mill or to a single London Parish.

(c) *A Mining Area in the Midlands.* (Urban Area C.)

The Committee desired to make one investigation in a typical mining area, and since it was not thought practicable on account of the industrial conditions prevailing at the time to visit either the North Country or the South Wales coalfields for this purpose, they decided that the investigation should be held in a Midland district in which the predominant industry was coal mining, and the main subsidiary industries those of steel and engineering which are closely associated with and naturally dependent upon coal mining. The actual area selected consisted of the greater part of a large town, an outlying Urban District, and a so-called Rural District which contained a number of small mining towns.

The figures of the successive census returns for the large town in this area are no guide to the rate of increase of population because the boundaries of the borough have been extended on more than one occasion during the last fifty years. Its population has, however, increased gradually during the last century, and it has many of the features of an old established town. Although possibly its population lacks the social and civic cohesiveness so prominent in the North Country cotton town, it is better in this respect than the Extra-metropolitan area. A hundred years ago this town gave promise of becoming one of the most important industrial towns of the Midlands. At that time it was the centre of much railway construction, and amongst its leading residents were some of the greatest English engineers of the day. It has not fulfilled its early promise however and for the last fifty years has been eclipsed to a great extent by another large town which is only twelve miles away. The borough retains several features reminiscent of the time when large numbers of unskilled labourers came to the district to work on the construction of the main railway lines to the north of England. One of these features is the number of lodging-houses and lodging-house tenements ; and there is no doubt that the provision of this accommodation still brings to the town a large number of the poor itinerant class of people.

The chief occupations of the men are coal-mining and engineering. These industries employ respectively 234 and 175 per thousand of the male population. The occupations of subsidiary importance are railway and road transport, the building trades and commercial occupations. A small number of the women are employed as textile workers and a few in the potteries ; but the number of women employed in industry in this area is much less than in the cotton town.

The Rural District and the outlying Urban District in this investigated area are typical coal-mining areas, the number per thousand male population employed in the coal mines being as high as 498 and 634 respectively. Though the former is termed a Rural District for administrative purposes its general character is definitely urban. Almost all its inhabitants live in urban communities or towns with populations varying from 3,000 to 12,000. These

towns it is true are surrounded by stretches of country which are sparsely populated, but they have been linked up, especially in recent years, by good road motor services. Most of these towns are of comparatively recent growth ; fifty years ago almost all of them were mere villages. Therefore this district resembles the Extra-metropolitan area in many of its social features. The average age of the inhabitants is rather low (Table 2). Very few of the families have lived in the district for more than a generation or two, with the result that it has been impossible to establish any characteristic local tradition. In certain respects however the population of this mining area differs from that of the Extra-metropolitan district. The people who live in these mining towns form a much more closely knit community than those who live in a suburb of a large town. Practically all the men are employed in the same industry, and this in itself gives them a common interest. The standard of living amongst the large majority of the inhabitants of a mining district is much the same ; they prosper or suffer in common according to the fluctuations of the coal trade. At the time of this inquiry there was a serious depression, and in many homes there were signs of hardship. Then again, the type of family that migrates to a new Extra-metropolitan residential district is very different from that which is obliged by force of circumstances to seek employment in a new colliery area. At first, at any rate, the families in a new suburb tend to be of the better social class, whereas in a new colliery district it is generally acknowledged that the social and mental status of the firstcomers is somewhat low. Much however depends on the rate of growth of the industry and the interest taken in the social welfare of the workers by those responsible for the management of the mines. In certain parts of this district the collieries had developed rapidly, and in order to secure the necessary labour the management had been obliged to engage some of the poorest type of labourers from the neighbouring country districts and other coalfields. Some of our data for this area suggest that such factors have far reaching effects. It was also obvious that the organisation of the various social services in this area did not keep pace with the rapid growth of the population.

The small outlying mining town has a population of about 8,000. The present social conditions of this town are perhaps best understood in the light of the fact that during the last fifty years it has felt keenly the danger of being overshadowed by a much larger town which is only eight miles away. The impression we received from conversation with old inhabitants of this small town was that for generations the local policy has been to " keep itself to itself." There are evidences, however, that this attitude has been inimical to the best interests of the community. For a small town, it seems to have an unduly large number of poor and dirty homes ; and the condition of several of the children seen at school suggested much neglect at home.

(d) *An Agricultural Area in the Eastern Counties.* (Rural Area D.)

The next district to be chosen was a typically rural district in one of the Eastern Counties. In the area selected for investigation there are only about half a dozen towns with a population of more than two thousand, and the largest of these contains less than six thousand inhabitants. It is almost exclusively an agricultural area with large farms which give employment to most of the men, though in a few districts there are a number of smaller farms and small holdings. The area is regarded as one of the most prosperous agricultural districts of the whole country. The railway facilities however are not good, and as yet the motor services are not frequent, with the result that even to-day many of the villages are somewhat isolated. In this district many of the best traditions of rural life in England are still preserved. Families have lived in the same district for generations, and form a community stabilised by custom and tradition ; their whole outlook on life is a striking contrast to that of the people who inhabit the new industrial areas which we investigated.

In some respects there is more social cohesiveness in the rural district than in the town. People for miles round at least know one another ; in fact, many of them are closely or distantly related. They have many interests in common, especially the chief interest of their daily work. Nevertheless, a family may be even more isolated socially in a rural area than in a large town ; and this is what we found to be the case with a considerable number of the poorer families we had occasion to visit in the course of our investigation.

The housing and general social conditions of even the poor people in this area are distinctly good. Most of the men are employed by farmers owning or renting large farms, and many of them and their families occupy cottages on the farms. Generally, the cottages are in good condition, and the standard of comfort is higher in this than in many rural areas. As the farms are for the most part large and consist in the main of well cultivated arable land, the number of agricultural labourers employed on them is correspondingly great, the proportion of labourers to farmers being as high as 339 to 100 ; and in addition many women are employed on the land.

A part of the area we investigated was in the Fen District, where the inhabitants seem different in many respects from those in the other part of the county ; in fact many of them refer to the county as if their district did not belong to it. These people of the Fen District seem to be still slower than the typical rustic ; and even at the present time they may be said to form to a great extent a self-contained community. In this district the farms are small and they give employment to comparatively few of the farm labourer class. The general impression received in the course of our examination of the most retarded group of children was that those of the Fen District were slower and of poorer physique than the corresponding children in the other parts of this area.

In most of these rural districts the population is decreasing, as may be seen from the following table showing the percentage decrease between 1911 and 1921.

TABLE A.

Rural Districts.		*Percentage Decrease.*
No. 1	..	5·6
„ 2	..	4·0
„ 3	..	4·0
„ 4	..	6·0
„ 5	..	9·0

Only in one rural district included in the investigated area was there an increase, and that was only 1 per cent.

(e) *A Rural Area in the South-West.* (Rural Area E.)

This must be regarded as a hybrid rural and urban area. The hundred thousand population was made up of about sixty thousand in the definitely rural districts and of about forty thousand in a large central town. This town contains no large factories or workshops, and is predominantly an agricultural centre ; its prosperity depends upon the rural community that surrounds it, and the chief interests of the inhabitants are agricultural. Our data for the rural districts and for the large town were prepared separately. The data for the town corresponded much more closely in their general features to those for rural than to those for urban areas ; and we therefore decided for the purpose of our Report to include this town among the rural areas.

The rural area investigated in the South-West consisted of four Rural Districts, one small Municipal Borough and one small Urban District. A large portion of this district lies between two expanses of moorland. The hilly character of the country adds to the difficulty of communication between the villages which are situated in the various valleys. The inhabitants of a valley may be said to form a social unit of custom and tradition, and each valley seems to have its special characteristics. Some of these villages are very inaccessible, especially those at the upper end of the valleys. The district as a whole is sparsely populated, having scarcely 0·1 inhabitant to the acre, whereas in Rural Area D the corresponding figure is 0·2. The proportion of cultivated arable land is small, the land being chiefly used for grazing purposes. It follows that the number of farm labourers employed is comparatively low, the proportion of labourers per 100 farmers being only 148 in the rural districts of this area as compared with 339 in Rural Area D ; and this probably is the best criterion of the agricultural conditions in these two counties. Most of the farms are relatively small, and the general impression we received was that the farmers are at present less prosperous in this area than in the agricultural area investigated in the Eastern Counties. Unfavourable agricultural conditions tend

to cause the better type of rural inhabitant to migrate to the industrial towns; they certainly do not attract the best type of tenant farmer, and still less do such conditions keep or attract a good type of farm labourer.

The population of the large town in this area can be said to be one of social extremes. On the one hand there is a good proportion of the well-to-do and leisured class. The number of those without any definite occupation is some criterion of the size of this group, although some of these may be unemployed. In this town one out of every five males over the age of twelve has no occupation, whereas in the large town included in the Midland area—a town with approximately the same population—only one out of ten has no occupation. On the other hand, the slum population appears to be larger and certainly more conspicuous in this than in the Midland town. These extremes are suggested by the following comparative figures taken from the census tables for 1921, giving the percentage number of families occupying one, two or more rooms in these two towns.

TABLE B.

No. of Rooms.

	1.	2.	3.	4.	5.	6–7.	8–9.	10 & over.
Percentage of total number of families:—								
South-West town ..	5·1	12·0	16·4	19·0	17·9	17·4	7·5	4·7
Midland town ..	0·9	6·1	6·5	36·2	28·1	18·4	2·7	1·1

Thus, in the South-West town one-third and in the Midland town less than one-seventh of the total number of families occupy three (or less) rooms, whilst those occupying more than seven rooms form no less than one-eighth of the total number in the former and only one twenty-fifth in the latter town.

The South-West town has undoubtedly a comparatively large number of inhabitants who eke out some kind of living by doing casual work. In the course of our investigation in the town we visited a large number of these families, and their home conditions were very poor. A considerable proportion of them had at one time or other lived in rural areas. In many cases we were told that the father had been unable to keep his situation at the farm, and this we had reason to believe was largely due to his inefficiency or difficult behaviour. This type of man can get a greater choice of odd jobs or temporary employment in the town than in the country; and there is the additional advantage that it is not necessary for the family to be continually moving. Also, this town has many charitable organisations and institutions, and these, together with the indiscriminate charity so common in a large town, attract families whose members are socially and economically inefficient.

Many of the men in this agricultural centre are employed in shops and offices, in transport—especially the railway— and in the metal industry. The building trades also employ a good number ; and not a few work on farms in the neighbourhood. Large numbers of the women are employed, mostly in domestic service, but to a considerable extent also in making textile goods and articles of dress, and as shop assistants. The town however is not a producing but a distributing centre ; it depends largely upon the agricultural products brought in from the surrounding rural districts and upon its large number of visitors.

(f) *A Welsh Rural Area.* (Rural Area F.)

The Welsh area consisted of two counties, and probably no better choice of a typically rural bilingual district in Wales could have been made. Except in one or two of the coast towns, the children speak Welsh in their homes, and Welsh is the normal language of instruction in all the Infant School Departments. Investigations made in recent years in the schools of this rural area seem to show that the monoglot children on an average made better scores than the bilingual children when tested by the Binet Scale of Intelligence. With a view to reducing to a minimum the linguistic difficulties of the children the tests in the present investigation were conducted almost entirely in the Welsh language.

One of these counties is very mountainous ; the other also is mountainous in parts, although on the whole it is best described as hilly with large tracts of low-lying marshland. The soil in both counties is poor and unproductive : the farms are small and consist almost completely of grazing land. This results in the proportion of farm labourers to farmers being low ; in these two counties, for every 100 farmers there are only 56 farm labourers, as compared with 148 in Rural Area E and 339 in Rural Area D. In two districts of this area there are large slate quarries, and these districts are so densely populated that they are really urban in character. About the middle of the last century there were lead mines in one part of the area, which gave employment to large numbers, but all these mines have now been abandoned, and the lead-mining districts present a somewhat neglected and decadent appearance.

The rural districts of these two counties are very sparsely populated, with only 0·1 inhabitants per acre, and depopulation is proceeding rapidly. The men have left in large numbers and have gone to work in the coal mines of South Wales ; but the wives and children have in many cases remained in the county district. One result of this is that in both counties the women considerably outnumber the men. Apparently the scarcity of houses in the mining districts makes it difficult for the men to take their wives and children with them ; moreover the lower cost of living in the country is an additional

incentive to the miners to leave their families there. The boys when they leave school naturally join the fathers in the mines, and the girls usually go to service, either at the farms or in some of the sea-coast towns. The emigration of youth leaves a population with a high proportion of old people (Table 2) ; this area has almost the oldest population in the whole of England and Wales.

The cohesiveness of the rural community of this Welsh area seems to be decidedly greater than in the other rural areas we investigated, and this notwithstanding the sparseness of the population and the difficulties of communication in these mountainous districts. This feature is undoubtedly to be attributed to the religious traditions and organisations of these rural counties. For the last century at least the churches have been the centres of adult education, not only in religious matters, but also in literary, social and even political affairs. The peasant culture—and there is but little social distinction of any kind in these districts—is in some respects high.

(2) Delimitation of the Selected Areas on the Basis of Population.

When the Committee had decided upon the areas which were to be investigated, the Secretary wrote to the Local Authorities chiefly concerned with mental defectives in each area, namely, the Local M.D. Authority and the Local Education Authority, to ask them whether they were prepared to co-operate in the investigation. The Local Authorities of all the areas responded readily ; and the investigation could not have been carried out without their whole-hearted co-operation.

At the outset of our investigation of an area, a conference with the chief officers employed in the administration of the Mental Deficiency and Education Acts was arranged. At this conference the districts and population actually to be investigated were chosen ; certain wards were selected in the large towns, and certain Rural Districts and small Urban Districts in the rural areas. The Committee were able to indicate only the general location of the area : a detailed knowledge of the district and its special features, industrial and social, was necessary in order to make an exact choice of the hundred thousand population to be investigated ; hence this final choice was made at conferences with officers of the Local Authorities.

In the selection of the area to be investigated care was taken to ensure that it was representative of the whole administrative area. The social conditions in most of the wards or rural districts included in this investigation were the average for the whole administrative area. If a ward or a rural district with poor social conditions was included, another ward or rural district where the social conditions were distinctly good was also selected.

Another consideration was that the investigated area should be as compact as possible. This was necessary, not only to economise time and energy, but also to ensure greater accuracy. In schools on the borders of an area much time was spent in ascertaining whether the children lived in the investigated area or not. The difficulty was still greater in our investigation of the adult population. It was impossible to expect that persons who forwarded lists of names of mental defectives would always know whether the homes were inside a certain ward or rural district. In urban areas the excluded wards were generally those on the periphery of the administrative area; in the rural areas the investigated districts were adjacent and the peripheral mileage was kept as low as possible.

The only reliable estimates of the populations of the various districts at our disposal when the detailed selection of the areas and districts had to be made, were those of the 1921 census. Later it was possible to obtain from the Registrar General and the Local Authorities estimated inter-censal populations for 1926. The populations for 1921 and the estimated inter-censal populations of the selected areas are given in the following table:—

TABLE C.*

	1921.	*Estimated Intercensal population* (1926).
Urban Area A	.. 102,762	.. 105,065
,, ,, B	.. 99,842	.. 103,344
,, ,, C	.. 98,280	.. 109,280
Rural Area D	.. 99,926	.. 99,204
,, ,, E	.. 102,237	.. 103,937
,, ,, F	.. 106,742	.. 102,050

The population of the three urban areas, as the table shows, have increased, whilst those in two of the rural areas have decreased In the South-Western area (Rural Area E) there is a slight increase of population; but in this area, as already stated, about two-fifths of the investigated population was in a large town, and the increase of this urban population more than counter-balanced the decrease of the population in the more rural districts. The largest inter-censal increase was in the mining area in the Midlands (Urban Area C).

The figures of the school population† vary considerably more than those of the total population. Thus the school population in the mining area (Urban Area C) was about 50 per cent. more than that in the South-Western area (Rural Area E). The following table gives the ratio of the school population in each district to the total population.

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* The figures in this Table relate to the populations of the areas actually investigated, not to the whole of the administrative areas.

† *See* explanatory note to Table 1.

Table D.

Percentage of total population attending Public Elementary Schools.

Urban Area	A	.. ..	16·4
„ „	B	.. ..	14·8
„ „	C	.. ..	16·7
Rural Area	D	.. ..	13·4
„ „	E	.. ..	11·9
„ „	F	.. ..	13·1

These figures show that the proportion of school children to the total population is lowest in the rural areas investigated; and this suggests that in these three rural areas the child population is decreasing at an even greater rate than the adult population.

The school population however is not in itself an adequate criterion of the total child population of school age in any one area. In the South-Western area where the school population is the lowest, large numbers of children—about one out of every seven—attend Private or Secondary Schools. Moreover in the investigated portions of the large town included in this area the numbers of children in Public Elementary Schools are not proportionate to the adult population. The investigated wards of this town contain 67 per cent. of the total population, but the children in the Public Elementary Schools included in these wards form only 60 per cent. of the total numbers of children in all these schools in the town. Apparently the Local Education Authority gives considerable latitude to parents in the choice of schools for their children, and large numbers of children attend schools other than those nearest their homes.

(3) The Representative Character of the Selected Areas.

Any generalisation from our data raises the question of the degree to which the six investigated areas are representative of England and Wales as a whole; and it is necessary to discuss this before proceeding to give any estimates based upon our figures.

The total population of the six areas amounted to 622,880, whereas the total population of England and Wales (mid-year 1927) was 39,290,000; therefore only about one-sixtieth of the population of the whole country was investigated. This fact alone indicates that much caution is necessary in applying our data to the population of England and Wales. Subject to this proviso, namely that our findings covered only one-sixtieth of the whole population, we hope to show that the areas chosen were so representative of the whole country that we can safely generalise from the main features

of our statistical data, and that it is only when we proceed to sub-classify our numbers that there is any reason to question their statistical reliability.

(a) *Geographical, Social and Occupational Features.*

In the first place the chosen areas are well distributed geographically, the north, south, east, west, midland and extra-metropolitan districts being represented. In the second place the social conditions of the inhabitants of these areas are fairly typical of those of the whole country as judged by the statistical data relating to housing conditions in the 1921 census. In the third place, the occupational conditions, whether commercial, industrial or agricultural, are certainly typical of those found in the urban and rural districts of England and Wales generally. The extra-metropolitan area investigated is one of the most typical from this last point of view, the occupations of the majority of the inhabitants being representative of those of large masses of the population in our big towns. The other two urban areas represented some of the chief British industries—coal mining, the steel industry and the textile industries. The three remaining areas were rural, with farm work as a predominant occupation.

These rural areas include about half the total population investigated, whereas in the whole of England and Wales the rural community comprises only about one-fifth of the total population. Therefore the rural population investigated is proportionately far too high to be numerically representative of the whole country. This disparity is all the more significant in view of the fact that our data indicate that the incidence of mental defect is decidedly higher in rural than in urban areas. Accordingly in the presentation of this Report we have taken much pains to emphasise the distinctive features of our findings in the urban and rural areas and we have made allowances for the dis-proportionate population of the investigated areas when applying our statistical data to the whole population of England and Wales*. Apart from this disparity it may be taken that the selected areas are generally representative so far as geographical, social and occupational considerations are concerned.

We have also collected statistical data from various sources to enable us to form an opinion as to the extent to which the six investigated areas may be regarded as representative of the whole country in respect of the special problem under consideration, namely the incidence of mental deficiency. The data available, it must be admitted, are most incomplete. Moreover, it has been impossible to obtain statistics that refer strictly to the six investigated areas; many of the figures given in the following tables refer to the whole administrative areas of which the investigated areas form the whole or a part.

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* *See* Ch. 3, page 80.

(b) *Ascertainment by Local M.D. Authorities.*

One criterion of the representative character of the six areas is the ascertainment of mental defectives by the Local M.D. and Education Authorities. It is necessary to emphasise that the Committee in choosing these areas were not influenced by the figures that were available at the time ; areas were not chosen because the ascertainment of the Local Authorities was high or low, but chiefly on geographical, industrial, social and racial considerations. It should be borne in mind also that the ascertainment of mental defectives made by the various Local Authorities varies greatly in thoroughness, and the figures we quote are an indication rather of the completeness or incompleteness of the Local Authorities' work than of the real incidence of mental deficiency in the respective areas. Subject to this caution, however, it is worth while to compare the Authorities' ascertainment in the six areas with that of Authorities in the country as a whole.

The incidence of ascertainment in 1927 by Local M.D. Authorities in each of the areas concerned, together with the mean incidence for those areas and for England and Wales as a whole, is shown in the following Table.

TABLE E.

	Ascertainment per thousand total population.
Urban Area A	1·37
,, ,, B	1·36
,, ,, C	2·25
Rural Area D	0·97
,, ,, E	3·26
,, ,, F	2·05
Mean incidence for the above areas	1·88
Mean incidence for England and Wales	1·59

These figures show that the mean incidence of ascertainment made by the Local M.D. Authorities in the investigated areas is 1·88 per 1,000 as compared with 1·59 for the whole of England and Wales. The higher incidence in the investigated areas is, however, chiefly due to the exceptionally high ascertainment in one area ; and if this were excluded the mean ascertainment for the remaining areas would be practically the same as that for the whole country, namely 1·60. In three of the investigated areas the ascertainment made by the Local Authority is higher than the mean for the whole country, whereas in the remaining three it is lower. We may therefore reasonably conclude that, so far as initial ascertainment made by the Local M.D. Authorities is a criterion, the investigated areas as a group are representative of the whole country.

(c) *Ascertainment by Local Education Authorities.*

The ascertainment made by the Local Education Authorities of mentally defective children affords another criterion of the extent to which the investigated areas are typical of the whole country, although, again, it should be recognised that the ascertainment of many of the Local Education Authorities in the country is far from complete. Table F gives the figures for 1926 for each of the Local Education Authorities represented in the investigated areas, and those for the whole country.

TABLE F.

	Incidence of mentally defective children (all grades) per thousand children on the registers of Public Elementary Schools.
Urban Area A	5·79
,, ,, B	4·21
,, ,, C	8·60
Rural Area D	5·62
,, ,, E	7·61
,, ,, F	3·87
Mean for the above areas	6·03
Mean for England and Wales	6·38

The mean incidence of ascertainment by the Local Education Authorities in the investigated areas is 6·03 per 1,000 school children, which approximates fairly closely to the figure of 6·38 for the whole country. In only two of the investigated areas is the ascertainment by the Local Education Authorities higher than the mean for England and Wales, that in the remaining four areas being lower. Therefore, judged by this criterion, it may again be said that the areas chosen for our investigation are fairly typical of the whole country.

(d) *Incidence of Insanity.*

Still another criterion is the incidence of insanity. Mental deficiency and insanity are so closely related that it is now recognised that a general correlation exists between the incidences of these two abnormal conditions. Therefore the numbers of insane patients in the investigated areas may be regarded as some indication of the prevalence of mental deficiency in these areas. The figures given in Table G show the incidence per thousand population of (1) all rate-aided insane persons and (2) the rate-aided insane in mental hospitals. Although these figures do not include the whole number of insane persons in these areas, they relate to so large a proportion that they can be taken as a reliable basis for our present purpose, especially when it is remembered that large numbers of those certified as insane are congenital mental defectives.

Table G.

Incidence per thousand population of rate-aided insane.

	*All rate-aided Insane.**	*Rate-aided Insane in County and Borough Mental Hospitals.*
Urban Area A	2·41	2·32
„ „ B	2·94	2·39
„ „ C	1·77	1·31
Rural Area D	3·22	2·82
„ „ E	3·33	2·82
„ „ F	2·91	1·89
Mean for the above areas ..	2·76	2·26
Mean for England and Wales ..	3·18	2·67

This table has many features of interest, but we will first refer to those which bear most directly on the question under discussion, namely, the degree to which the investigated areas are representative of the whole country. It will be seen that the mean incidences of the total rate-aided insane and also of the rate-aided insane in mental hospitals are somewhat lower in the investigated areas than in the whole of England and Wales. This difference between the mean incidence of insanity in the investigated areas and in the whole country is however not so large as to invalidate our contention that the chosen areas are fairly representative. But so far as these figures indicate (and we think they are a better criterion than any of the other data we quote) it seems that if we generalise from our data for these six areas we are likely to underestimate rather than to over-estimate the number of mentally defective persons in the whole country.

In passing we may note briefly one or two other features of the figures given in Table G. Notwithstanding the low incidence in the Welsh area, the mean incidence of insanity is higher for the rural than for the urban areas ; and we shall see that a similar difference has been found in our investigation with regard to mental deficiency. The difference between the incidences of insanity in the various areas as shown by these figures is surprisingly large. For instance we find that the incidence of the rate-aided insane in Rural Area E is almost double that in Urban Area C. It is also of interest to note that the proportion of the total number of insane patients admitted to the Mental Hospitals in the latter area is less than that in the former. This supports our previous statement that the institutional accommodation in an area whose population has increased rapidly in recent years, lags behind the real demands.

*This total comprises rate-aided insane persons in County or Borough Mental Hospitals, in Poor Law Institutions, and those residing with relatives or others.

(e) *Incidence of Mentally Infirm Persons in Receipt of Poor Law Relief.*

There is still another criterion which can be applied to show whether the chosen areas are representative, namely, the statistical data of the Poor Law Authorities relating to the number of persons suffering from mental infirmity who are either patients or inmates of institutions, or in receipt of domiciliary relief. But it is well to bear in mind that the term " mental infirmity " has a rather wide connotation, and is probably applied to a large number of persons who are merely senile dements. Moreover, it is probable that the completeness of the records of mental defectives in receipt of Poor Law relief varies considerably in the different areas of the country, and we are not in a position to state to what extent this factor influenced the numbers we quote for the six investigated areas. The numbers and incidences are given in Table H.

TABLE H.

Incidence per thousand population of mentally infirm persons in receipt of Poor Law Relief.

Poor Law Unions.	*Incidence.*
Urban Area A	3·54
„ „ B	3·17
„ „ C	1·93
Rural Area D	4·24
„ „ E	4·10
„ „ F	3·56
Mean incidence for the above areas.. ..	3·26
Mean incidence for England and Wales ..	3·41

The mean incidences for the six investigated areas and for England and Wales again approximate closely. The slightly lower incidence for the investigated areas tends to confirm the conclusion indicated by the figures relating to rate-aided insane patients, namely, that the areas chosen for investigation have a somewhat lower proportion of mentally abnormal persons than would be found in the country generally. The figures in Table H. again show that the incidence is higher in the rural than in the urban areas. The incidence in Urban Area C is again low, and this is explained partly by the relatively small number of older persons in this new industrial area ; but probably some other extraneous factors also would account for this low figure.

(f) *Conclusion.*

Taking the evidence of all these statistical data into consideration, and allowing for the fact that the figures are probably incomplete in many ways, we feel justified in concluding that the areas which the Committee chose for this investigation can be regarded as representative of the whole of England and Wales in respect of the chief feature of our inquiry, namely, the incidence of mental deficiency.

III. GENERAL METHOD OF PROCEDURE.

(1) Preliminary Considerations.

We were compelled to limit our period of investigation to about twelve weeks in each urban and fourteen weeks in each rural area, the latter naturally requiring a week or two longer to investigate. Our investigation in each area included both children and adults ; and to ensure that no one group or district should monopolise an undue share of our time, we prepared at the outset of our inquiry in each area a rota of visits to the schools, villages and institutions. We cannot and do not claim that our ascertainment of mental defectives in any area was complete. A complete ascertainment is possible only by some permanent organisation in each district which would have an active group of workers who would know personally all the families in the district. Great care was taken so to divide the time as to ensure that the more important aspects of our inquiry received most attention. Our chief concern was *ascertainment*, and all other aspects of the work were regarded as secondary. Home care and environment, personal and family histories, conditions of employment, the physical condition of the defectives and many other problems which we should have liked to investigate thoroughly, had to be regarded as of subsidiary importance. This will account for the comparative meagreness of our data relating to these aspects of the work. The time at our disposal was not sufficient to get into close touch with every available source of information ; and had we been able to stay longer in each area, the ascertainment, especially that of adult defectives, would doubtless have been higher. We may say however that towards the end of our inquiry in each area we felt that a longer stay would not have been justified because almost all the names of defectives sent to us during the last few weeks had been previously received from other sources.

The division of our time between the ascertainment of children and adults respectively also received much consideration at the outset. It is obvious that a complete ascertainment of children of school age is far easier and more practicable than a complete ascertainment of mentally defective adults. In most areas almost all children between the ages of five and fourteen attend Public Elementary Schools. If these children are investigated with equal thoroughness in each area we may assume with a fair degree of confidence that the ascertainments of children in the various areas are really comparable. Therefore, while not allowing this part of our work to encroach unduly upon the investigation of the adult population, we decided to make our ascertainment of the school children as careful and as complete as we could in the time at our disposal.

(2) The Investigation of School Children.

The proper selection of the most retarded children who were to be examined individually was of great importance. It was essential that we should take full advantage of the teacher's knowledge of

the pupils; yet it was equally necessary to recognise that the personal equation of the teacher considerably influences his selection of retarded pupils. We decided that the first selection of children by the teacher should include a number large enough to make it practically certain that every child who was mentally defective would be included. We thought that this would be ensured if, in each age-group, fifteen per cent. of the children were first selected by the teachers as being the most retarded of their particular group. This selection would contain not only the definitely mentally defective children, but also in most schools the whole group of retarded children. It is therefore almost certain that any child who was really mentally defective appeared in the lists of names of this group.

It is obvious however that as our chief purpose was to ascertain the mentally defective children, much time and energy would be wasted if all this group of retarded children were examined individually. Therefore it was decided to examine this retarded group with Group Tests,* and the children who secured the lowest number of marks were examined individually by the medical investigator. The number chosen for the individual examinations varied from school to school. Norms for children of various ages had previously been ascertained with the Group Tests; and therefore it was possible to decide how many children in a given school were two, three, or more years retarded. In some schools we found it was not necessary to examine individually more than one-sixth of the retarded group; that is, we examined only about two per cent. of the children in the whole school. In other schools almost half of the group of retarded children, that is, about seven per cent. of the whole school, made such low scores with the Group Tests that they had to be examined individually. The individual examination consisted chiefly of the application of intelligence and educational tests†, and a routine physical examination. Therefore each child ascertained to be mentally defective had gone through three processes of selection—by the Head Teacher or Class Teacher, by simple non-educational Group Tests, and by the individual examination of the medical investigator. The second and third processes served at least to eliminate the influence of any personal factor involved in the first choice of retarded children by the teacher. The Group Tests formed a standard so objective in character that the influence of the personal factor was reduced to a minimum, while the personal factor inevitably associated with the individual examination by the medical investigator was the same for all areas.

(a) *Teachers' Selection of Retarded Children.*

Form A‡ was sent to the Head Teacher of each Senior Department of an Elementary School together with a circular letter stating the day on which the medical investigator would visit the school

* *See* Appendix B, page 226

† *See* Appendix B, pages 218 and 222.

‡ *See* Appendix C, page 230.

to apply Group Tests. The form was sent about a fortnight before the intended visit so that the Head Teacher had time to consult the Class Teachers and to give careful consideration to the choice of retarded pupils. The children whose names appeared on Form A were given Group Tests. It will be observed that the lowest age of the pupils whose names were placed on Form A was nine. We found after some preliminary experimenting with the Group Tests that although they were very simple, retarded children below nine years of age could not as a rule make any appreciable score with these tests, and large numbers of them were incapable even of understanding the instructions. Therefore only children of the ages of nine to thirteen plus, that is, five age groups, were given the Group Tests.

As already stated, the children whose names the Head Teacher was asked to place upon Form A comprised the fifteen per cent. most retarded children in each age group. To make the request in this form might have led to misunderstanding. Therefore the request was made as indicated in Form A; that is, the Head Teacher was asked to give the names of two, three, or more of the most retarded children of each age. The number asked for was arrived at as follows. We calculated that in a department of a hundred older school children the lowest fifteen per cent. would be equivalent to about two of each age group; in a department of two hundred children the number would be double, and so on.

*Form B** refers chiefly but not exclusively to children below nine years of age; and this form was sent to infants' schools or departments as well as to those for older children. On this form the Head Teachers of the older boys' or girls' departments were asked to give the names of the most backward children below the age of nine, and the numbers asked for were calculated in a way similar to that already described in our remarks on Form A. In an Infants' Department however there are generally children of three age groups only, i.e. groups of the ages, four, five, and six; but in not a few districts there are only two age groups because children are not admitted before their fifth birthday. We formed the opinion that it was not desirable to ask the Head Teachers of Infants' Departments for the names of the fifteen per cent. most retarded children, partly because greater difficulty is experienced by teachers in choosing the most backward amongst very young children, and partly because Group Tests could not be applied to these younger children, whereas the individual examination of fifteen per cent. of the whole number would have taken too much time. We ultimately decided to see about six per cent. of the most backward children in Infants' Departments. Thus in an Infants' Department of a hundred pupils with two age-groups the Head Teacher was requested to give the names of the three most backward children of each age.

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* *See* Appendix C, page 231.

The next group of names mentioned on Form B is that of children of all ages who suffered from paralysis or epilepsy. There are admittedly in this group many children of normal mental capacity and educational attainment; but we thought it desirable to see all these children. Many teachers have a tendency to underestimate the mental retardation of a child who has some definite physical defect such as paralysis or epilepsy, just as they are inclined on the other hand to overestimate the mental retardation of children with defects of vision or hearing.

The third group of names requested on Form B is that of children who were "abnormal temperamentally". This term not unnaturally presented much difficulty to teachers who were not familiar with modern psychological literature. A few went to the extreme of presenting under this heading a long list which included the names of children who were a little difficult in the classroom or who had been guilty of some petty delinquency. We shall later* describe the type of child we would include in this category.

We requested also on Form B the names of all children who were regarded as mentally defective but who had in recent years ceased to attend school. The number of names given under this heading depended to a large extent on the length of time the Head Teacher had been at the school. Some of the older Head Teachers were able to give the names of mentally defective persons who had attended the school twenty or more years ago; but in the majority of schools the names of only those who had left the school during the last five or six years were given. Many of the Head Teachers who had not a long acquaintance with the school or district took great pains to examine records of past pupils and to make inquiries of old teachers and inhabitants concerning this group of mentally defective persons. The information we received under this heading helped us considerably in the ascertainment of adult defectives.

(b) *Interpretation of the Term "Most Backward"*

The term "most backward" (Forms A and B) allows of at least two interpretations; it may mean most backward in intelligence or most backward educationally. Teachers naturally, although many of them did so unwittingly, interpreted it as meaning most backward educationally; and the heading of the second column on Forms A and B (*Number of years retarded educationally*) would tend to confirm them in their view that this was what was required, whereas in fact it was not. In one area the Director of Education at our request sent to the Head Teachers with Forms A and B a circular letter in which the fact was emphasised that the term "most backward" referred to general intelligence rather than

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* *See* "Morally Defective," Ch. 2, page 53.

to " educational attainments ". Many Head Teachers however said that they found it most difficult to assess their pupils in this respect, and urged that they could not but be guided in their selection by the relative educational attainments of the pupils. In the next area investigated we therefore explained that " most backward " should be interpreted as " most backward generally " and that undue importance should not be attached to backwardness in one or two subjects, but that the attainments of the child in all the school subjects should be borne in mind. Despite this warning it was obvious that some Head Teachers and Class Teachers judged their pupils chiefly by their proficiency in some one or other of the school subjects ; some stressed arithmetic, others reading, and others subjects such as literature. Ultimately we came to the conclusion that the less we endeavoured to explain these words " most backward " the better. In whatever way the teacher interpreted them, it is certain that the fifteen per cent. most retarded children included all those who were really mentally defective, and these were the children we wished to investigate. When we visited the school to examine the children, the meaning of the words " most backward " was discussed with the Head Teacher and we were thus given an opportunity of correcting misinterpretations.

Special care was taken to secure the selection of the most backward children of *each age*. There was a tendency to choose the most backward of each class ; and this did not give the required selection. The child of ten in Standard II may not be amongst the most backward half-a-dozen children in his class, but when it is remembered that the average child of ten is in Standard IV it is evident that this child should be regarded as amongst the most backward of his age group. Satisfactory lists of names could not be prepared unless the Head Teacher had carefully correlated the lists prepared by the various Class Teachers.

There was much evidence that Head Teachers and Class Teachers had taken great pains to prepare the lists of names on Forms A and B. Nevertheless it was necessary to have some method of ensuring that their choice had not been affected by undue stress upon factors of minor importance. We adopted various methods of doing this. One was to find how many children in each class belonged to the various age groups. If a child of ten not included on Form A were found in Standard I this omission was discussed with the Head Teacher and Class Teacher, and the child was subjected to an individual examination. Another method was to examine all the class lists of the most recent examination in order to ascertain whether the question of including on the forms the names of those children who had been least successful in the examination had been duly considered. In some departments Group Tests were given to a much larger proportion of the children over nine years of age than the lowest fifteen per cent. ; and in a few of the small rural schools all the children over nine years of age were given these tests.

(c) *Group Testing.*

In urban areas we began the investigation by giving Group Tests to the fifteen per cent. most backward pupils (ages 9 to 13 +). The first two or three weeks in each urban area were spent in giving these tests. We decided that it would be better in the urban areas to give Group Tests at all the schools during the first two or three weeks rather than to follow up the test immediately at a given school by the individual examinations. In an urban area my assistant,* who gave the Group Tests in most of the Girls' Departments, was able to examine two sets of children in the morning and two in the afternoon ; and I was able to do the same in the Boys' Departments. The Scripts were marked in the evenings, and this effected much saving of time. Lists of the names of pupils who had secured the lowest marks in each age group were then prepared. By thus applying the Group Tests at the schools in an urban area during the first few weeks we lessened the possibility of the spread of information concerning the nature of the tests ; but this could not be prevented altogether, especially as a few of the Head Teachers and the pupils were naturally interested in getting some preliminary information about our work. On the whole however the teachers co-operated well with us in this, and we did not find evidence in any school that an attempt had been made to coach the children in the tests beforehand. Moreover, this was rendered all the more difficult by the fact that these Group Tests had been specially prepared for this investigation and it was impossible to obtain copies of them.

In the rural areas it was not practicable to adopt the same procedure in the time at our disposal. In these areas we usually visited four schools daily, and even then we required twelve to fourteen weeks to complete our rota of school visits. It was therefore quite impossible to adopt in the rural area the plan of group testing which we had followed in the urban area. In rural schools where Group Tests were given my assistant gave the tests to the older pupils and marked the scripts while the most backward of the younger pupils were being examined individually. A considerable proportion of the rural schools had such small numbers of pupils on the roll that even if we had had the time, there would not have been a sufficient number of backward pupils to justify the giving of Group Tests. We could examine individually all the really backward children in a small country school in less time than it would take to give the Group Tests and mark the scripts. As a rule in rural schools the Infants' and Senior Departments are in the charge of one Head Teacher. A school of a hundred pupils thus organised is regarded as a large rural school ; but even in a school of this size only about half the children would be over nine years of age, and fifteen per cent. of these would comprise only about eight pupils.

* In the first area investigated, the Group Tests were mostly given by Miss Mary Davies, M.A., and we gratefully acknowledge her valuable services which were given voluntarily.

Generally speaking, unless there were fifteen children in the retarded group we did not think it worth our while to give Group Tests. There were however a number of exceptions; some of the small rural schools were reputed to have many backward children, and in these schools we applied the Group Tests to all pupils over the age of nine.

The Group Tests which we chose for this investigation and our method of giving them will be discussed in Appendix B*.

(d) *Individual Examinations.*

In schools where Group Tests had been given, the selection of children over nine years of age for individual examination was based to a great extent upon the scores made with these tests. After we had examined a few hundred pupils we were able without much difficulty to select the children likely to prove to be mentally defective. We invariably included however in our list of those to be examined individually one or two of each age group who could be regarded as borderline cases. Also, when choosing children for individual examination, we took into consideration the Head Teacher's assessment of each child's educational retardation, as well as the valuable and helpful remarks often made on Form A. Not infrequently the Group Test score of a child differed considerably from what the Head Teacher's remarks and assessment had led us to expect, and the Head Teacher was naturally much interested in the individual examination of these children.

The individual examination of children consisted chiefly in the ascertainment of their mental ages by means of intelligence tests. The scale of tests used in this investigation is given in Appendix B†. These tests were supplemented by other standardised Performance Tests‡, and by simple questions which tested the child's general knowledge. The child's educational attainments were tested by the age norms established by Professor Burt§. If the child proved to be seriously retarded, a physical examination was also made. Vision and hearing were tested, and if it were thought that a general physical examination of the child's nervous system would throw light upon his mental retardation, this was also done. Our judgment of the child's mental condition was then considered in the light of the results of the physical examination, and in many cases we found that the child's mental retardation could be attributed to a great extent to a physical cause, such as poor vision or defective hearing.

The same general procedure was adopted for the individual examination of pupils to whom the Group Tests had not been applied. The Head Teachers were requested to indicate these children in order

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* Page 226.

† Page 218.

‡ *See* Appendix B, page 222.

§ *See* Appendix B, page 222.

of backwardness. The most backward were examined first, and we proceeded with the list until it was obvious that we had reached the type of child that could not be regarded as mentally defective.

The Head Teachers and Class Teachers gave much helpful information concerning the personal and family history, as well as the home conditions of the children who were judged to be mentally defective. This information enabled us to trace many adult defectives who were related to the children ; the names were given to the Social Investigator who visited the homes and reported upon the adult relatives. Even in cases where there were no mentally defective relatives the Social Investigator, if time allowed, visited the home, especially if the home conditions were reported to be bad. Unfortunately however this was one of the aspects of our inquiry that had to be regarded as of secondary importance.

(3) The Investigation of Children not attending School.

The following groups of mentally defective children did not attend school : those who were too young, those who were too low grade to attend school and therefore had been sent to institutions or left at home, and those who had left school but had not yet attained the age of sixteen. Most of these children were visited in their homes. Naturally it was impossible to investigate these with the same thoroughness as the school children. The defective children ascertained in this investigation who were either below school age or not attending school were generally lower grade cases, and therefore easily recognised as defective. The Local M.D. Authority and the Local Education Authority were able to give much information about these children ; in many districts also we received valuable information concerning young children from the Officers of Child Welfare Clinics, Health Visitors and the District Nurses. The defective children not at school because they were over school age were brought to our notice mostly by the Head Teachers who placed the names on Form B. In two of the urban areas the officers of the Juvenile Employment Bureaux gave us much help in tracing this group of mentally defective children.

(4) The Investigation of Adults.

The ascertainment of adult mental defectives obviously presents much greater difficulty than that of children. Practically all the children between the ages of five and fourteen are to be found at school, but there is no such aggregation of adults. Even in districts where the men and women are largely employed in the same industry it is not possible to take advantage of this in an investigation such as ours. Except in a few cases, we could not get access to the mentally defective adults who worked in the mines, mills and factories in the investigated areas ; we therefore had to rely for our

initial ascertainment of adults upon a large number of sources, some statutory and others voluntary. The following is a list of the chief sources of information :—

1. The Local Authority under the Mental Deficiency Act.
2. The Local Education Authority.
3. The Poor Law Authority.
4. Medical Officers of Health ; School Medical Officers ; Special Mental Deficiency Medical Officers ; Sanitary Inspectors.
5. General Practitioners ; District Nurses.
6 Certified Institutions, Houses and Homes for the Mentally Defective ; Mental Hospitals ; Epileptic Colonies ; Hospitals and Dispensaries.
7. Local Branch of the Central Association for Mental Welfare.
8. Charitable Institutions and Homes ; Shelters ; Refuges ; Common Lodging Houses.
9. Charity Organisations and Societies ; Clergy ; Social Workers.
10. Police and Prison Authorities ; Reformatories and Industrial Schools.

(a) *Mentally Defective Adults Living in the General Community*

The completeness with which we were able to ascertain the adult mental defectives living in the general community depended largely upon the degree to which the various social services had been organised ; this was especially true in the urban areas. In the old established towns where the population had increased gradually and there had thus been time to organise various bodies to deal with the different aspects of municipal life, the social services were well established ; and this proved a great initial advantage in the present inquiry. In other urban areas the population had increased so rapidly in recent years that there had not been sufficient time to organise the various social services. In some of these rapidly growing industrial areas even such essentials as the Poor Law and Mental Hospital accommodation seemed unequal to the demand, while organisations for dealing with the blind, deaf, crippled and mentally defective were only in an early stage of development. One simple factor however largely determined the degree of completeness of the ascertainment among adults living in the general community, and that was the extent to which the inhabitants knew one another. The urban and rural populations present a marked contrast in this respect. In the towns the people have little knowledge of their neighbours, even though they may have resided in the same place for several years ; but in the rural districts the inhabitants know one another well. The clergyman, doctor, teacher, or some other responsible person in the rural area knows almost all the residents for several miles around, and the mentally defective are generally better known than normal persons. This

intimate local knowledge was one of our most valuable assets in the present inquiry ; and there can be but little doubt that it enabled us to make a more complete ascertainment, especially of adults, in rural than in urban areas, notwithstanding the poor organisation of various social services in the sparsely populated country districts.

It is not necessary to discuss in detail the relative helpfulness of the various sources of information. The source that proved most disappointing in one area was the most helpful in another ; for example, comparatively little help was received from the Police Authorities in some of the investigated areas, while in others most valuable and complete information was obtained from this quarter.

We had the great initial advantage in each area of the co-operation of the Officers of the Local M.D. Authority, and this advantage was considerably enhanced in the areas where the local authorities availed themselves of the services of the Voluntary Association for Mental Welfare. It is the duty of the Local M.D. Authority to ascertain all cases of mental defectives subject to be dealt with in its area ; but this duty, as we have already noted, is fulfilled with varying degrees of thoroughness. Even in the area where our initial ascertainment was highest there were considerable numbers of mental defectives unknown to the Local M.D. Authority ; a large proportion of these it is true consisted of cases dealt with by the Poor Law Authority either as workhouse inmates or as outdoor paupers. We were given every facility to investigate the inmates of the Poor Law Institutions ; and, with the valuable help received from the Medical Officer, Master and Matron, we were able to make a fairly thorough ascertainment of the mental defectives in these institutions. The mentally defective adults living at home or with foster-parents and receiving outdoor relief were not so completely ascertained. Much depended on the co-operation of the Medical Officers and the Relieving Officers. We cannot speak too highly of the trouble and pains taken by many of the Poor Law Officers to give us every possible help with this important group of cases ; but in a few districts we did not secure this co-operation, and whether in consequence we failed to discover many of the mental defectives receiving outdoor relief it is impossible to say, though it is probable that most of the definite cases were brought to our notice by various informants.

It has already been mentioned that a number of the adult mental defectives were found because they were related to mentally defective children seen at school. In rural areas especially the teachers gave most valuable information concerning the family histories of mentally defective pupils, and this frequently led to the ascertainment of adult relatives who were also defective. In urban districts the teachers were not able to give us so much assistance in this respect ; but when we visited the homes of some of the mentally defective children who had been seen at the school other members of the family who were also defective were often discovered.

The organisation of Public Health services enables the officers of the Local Authority to get into touch with almost all the homes in the district, and this greatly facilitates the ascertainment of mental defectives, especially of adults. This is more particularly true of areas where the Medical Officer of Health is also the Medical Officer of the Local M.D. Authority. The officers of the various branches of the Public Health Departments assisted us considerably. The Assistant Medical Officers in charge of the Maternity and Child Welfare Clinics, V.D. Clinics and other medical services sent many names; Sanitary Inspectors, who visit most homes in a district also gave valuable help; and the Health Visitors and Maternity and District Nurses were often able to supply names which had not been received from other sources.

The general practitioner is naturally the person who knows most of the lower grade mental defectives in the district in which he practises. We visited several general practitioners and in almost every case we were received kindly; but it must be admitted that the help given did not justify the time spent in arranging these visits. It cannot be denied that doctors are at present extremely cautious in giving any information concerning the mental condition of their patients.

Each town and district has to-day its band of social workers —some voluntary and others paid. We gladly acknowledge the great assistance we received from many of these. After-care visitors, Health Visitors, District Nurses, N.S.P.C.C. Inspectors, social workers of various religious bodies, and many others interested in some branch of social work were most willing to help. In some of the older towns there were many voluntary and charitable organisations. The officers who administered these had ample opportunities of becoming acquainted with many of the weak-minded inhabitants; and in several towns we were greatly helped by these officers in tracing some of the adult mental defectives. Of no little interest was the view expressed by some of these officers that the type of family whose members are poorly endowed mentally often tends to gravitate to places where there are many charities.

Much help had been expected from the officers of Employment Exchanges and Bureaux. In one district only did the Education Authority administer with any degree of thoroughness the powers conferred upon them by Section 107 of the Education Act 1921 with regard to Choice of Employment; and in this area we were able to follow up many of the mentally defective children whose names had been placed on Form B (*d*). With this exception however we were disappointed with the help received from the officers of the Employment Exchanges and Bureaux. Probably very few persons are seen at the Employment Exchanges who are of such a low mental grade that they cannot be employed on some kind of unskilled work. There must however be a certain number who fail to keep their situations for any considerable period on

account of their poor mental endowment or marked temperamental instability; and if this is not recognised much of the time and energy of the officers will be wasted in dealing with this group.

In rural districts the Agricultural Wages Committee may release employers from the obligation of paying the minimum wage to labourers who are incapable of giving such services as would be worth this rate of remuneration, and some of these would be mentally defective persons. Many of these exempted men were seen in the course of the investigation; the majority of them were low grade, not a few being definitely imbecile. But considerable numbers of the higher grade defective men also were seen who were not exempted. Most of these were economically inefficient, and although the relatives and neighbours recognised that their inefficiency was due to low mental endowments, the employers were reluctant to apply for, and the Committees to grant exemption in respect of these persons on the ground that they were mentally defective. There is undoubtedly in the rural districts a great gap between the type of person who is exempted because he is mentally defective and the labourer whom the farmer finds worth the minimum wage. Many of the feeble-minded labourers fall into this gap, with the result that their economic status is really worse than that of the lower grade defectives; they are unable to get work at the regular minimum wage and have to depend upon casual employment.

(b) *Mentally Defective Adults in Institutions and Homes.*

At the outset of our investigation in each area we were supplied with or given facilities to prepare a complete list of all the mentally defective adults who had been sent by the Local M.D. Authority to various institutions. If these institutions were in or near the area investigated, we were able to visit and examine the defectives; but we were unable to visit those who had been sent to institutions in distant parts of the country, and for these cases we had to rely upon the reports received from the Medical Officers of the institutions.

Considerable numbers of the mentally defective adults of each area were to be found in the Mental Hospitals. Our method of inquiry in these hospitals will be described later*. In the large institutions, and especially where the cases from the investigated area formed a comparatively small proportion of all the resident patients, our work was greatly facilitated by the preliminary selection of cases which the Medical Officers and their staffs were good enough to make. The records of all the patients were placed at our disposal, and had there been time valuable clinical data and notes relating to the personal and family histories of the patients could have been collected from these records.

The largest group of mentally defective adults in institutions was that in the Poor Law Institutions. Where there was attached to the Poor Law Institution a large Infirmary with a considerable

* Ch. 4, page 114.

number of persons admitted merely for medical or surgical treatment, it was not necessary or desirable to see every patient. The Medical Officer or some other responsible person was asked to draw our attention to any mentally defective persons occupying beds in the Infirmary at the time of our visit, and these we examined. In the " house " part of the Institution however we saw all the inmates admitted from the investigated area ; and we paid special attention to the younger men and women. Not infrequently when one of the officers was asked to indicate the mentally defective persons amongst the inmates he would say (perhaps more in jest than in earnest) that they were all mentally defective. In an investigation such as the present it was essential however to counteract the tendency to regard a person as mentally deficient simply because he had spent many years in the Poor Law Institution. Socially inefficient perhaps he might be, but he was not of necessity mentally deficient. The older inmates also had to be investigated with care and discrimination lest we should include amongst our group of mental defectives persons who were merely senile dements. We received much help from the Medical Officers, Masters and Matrons, who accompanied us in the various wards ; they knew well the mental capacities of the inmates and also much of their history. We had however to form our own judgment of the mental endowments and capacities of each inmate ; and this we did largely from his responses to our questions.

The inmates of the casual wards of the Poor Law Institutions were also examined. At least one visit was paid to each casual ward in the investigated area. If it happened that on the night of the visit there was no one in the ward or that the numbers were decidedly lower than the average, a second visit was made ; but only the mental defectives present at one of these visits were included in our ascertainment. In the areas investigated during the summer months—and these were rural areas—the numbers to be found in the casual wards were considerably smaller than during the winter months. The number of defective persons found among this group however was not large enough to make any substantial difference in the ratio of mentally defective adults in urban to those in rural districts. We were told by the Masters of several Poor Law Institutions that the mental grade of the persons frequenting the casual wards in the last few years was distinctly higher than formerly ; trade depression seems to have considerably increased the numbers of normal persons in the casual wards.

The next group of defective adults in institutions that we had hoped to investigate thoroughly was that in prisons and reformatories. In all, four prisons and four reformatories were visited ; but our inquiries were not very fruitful. In recent years there seems to have been a considerable redistribution of prisoners, and those belonging to certain categories have been sent to prisons some distance from their homes. The ascertainment amongst criminals

in this investigation must be regarded as most incomplete ; we came to the conclusion that it was impossible to do justice to this group in a mass inquiry such as this.

Inquiries were made at a large number of Charitable Homes, Shelters and Refuges, and generally speaking we received every help and information from the officers. In all the towns common-lodging houses were visited systematically, mostly in the evenings when the men and women were to be found there. Some of the large lodging houses were in charge of responsible and intelligent deputies who gave us most helpful information about some of the residents. The deputies of the smaller houses however were often of a very poor type, some being almost certifiable as mentally defective themselves ; and it was in these smaller homes that the most depraved and neglected cases of adult defectives were seen. Considerable difficulty was encountered, and much tact and patience had to be exercised, to obtain facilities for conversing with these inmates.

(c) *The Examination of Adults.*

Systematic mental testing was obviously impossible with the vast majority of adults ascertained in this investigation. The examination of adults who lived in the general community was our most difficult task. The lower grade cases were comparatively straightforward ; but the feeble-minded had to be approached with much circumspection and tact. Fortunately in the large majority of cases the attitude of the relatives was friendly, and this helped us considerably in our task. Before we visited the home of a person alleged to be feeble-minded, we sought as much information as possible about the case, discussing it beforehand with the clergyman, doctor, head teacher, relieving officer or some other person who was interested in social work and had personal knowledge of the case. When we were in a district we took advantage of every opportunity of finding out how the persons we had under consideration were regarded by the people among whom they lived. The unprejudiced judgment and the unwitting attitude of the man in the street towards his fellow will often prove helpful to the investigator who takes the trouble to listen and observe carefully. When we visited the homes we gained much information, not only from what the relatives said but also from the general attitude of the normal members of the family towards the person under consideration. But helpful and valuable as this preliminary and circumstantial evidence may be, it should not and cannot supplant the examination of the alleged defective by the investigator himself. All borderline cases received particularly careful attention and personal examination, and no case about whom we felt any doubt was included in our figures of ascertainment, however strong the circumstantial evidence of his defect might be. It can be affirmed that those ascertained amongst the general community were definite cases—so definite that they were recognised by persons in their social circle as mentally defective. The numbers

ascertained would have been larger had it been possible to give more careful consideration to many alleged defectives whose names had been given us by responsible persons. At the close of the inquiry the files of "not ascertained" cases contained many case-sheets, each referring to an adult reported to us as a mentally defective, but of whom there was not sufficiently definite evidence to justify his inclusion among the ascertained mentally defective.

It has already been stated that there were a certain number of ascertained defectives in Institutions for the Mentally Defective whom we had not time to visit; and in respect of each of these a report was obtained from the Medical Officer or the Superintendent of the Institution. There were also a few lower grade cases at home with their parents who for one reason or another were not examined medically; these were however visited by the social investigator.

(5) Initial Ascertainment of Names of Defectives.

It was natural that we should begin our inquiry in each area with the information collected by the Local Authorities and that we should make the fullest use possible of this information. The Local M.D. Authority prepared for our information a complete list of all the mentally defective persons already ascertained in the investigated area, and the Local Education Authority prepared a corresponding list of mentally defective children.

Miss S. Catherine Turner, who served as social investigator in five of the six investigated areas, began her inquiries in each area some weeks before I arrived. She devoted her attention in the first instance primarily to the ascertainment of the names of mentally defective persons not of school age, that is, chiefly children under five and persons over fourteen years of age. Miss Turner interviewed those who were interested in the various branches of social service in the locality, and especially those who would be likely to deal with the mentally defective. In urban areas the first few weeks were spent in getting lists of names of defectives from various sources; and when these had been received and tabulated, Miss Turner began her home visits. In the rural areas the ascertainment of names and the home visits had usually to be done concurrently. When making a home visit Miss Turner would in most cases see the person alleged to be defective and would decide whether it was *prima facie* the type of case that should be visited by the medical investigator. If it were a definite or even doubtful case of mental deficiency, Miss Turner would obtain as much as possible of the information indicated by the headings on Form M.D.1*. I cannot speak too highly of the help that I received from these preliminary reports; and the high ascertainment of "home cases" in this investigation is in itself an

* *See* Appendix C, page 232.

indication of the thoroughness with which Miss Turner did her part of the work. Also during the latter part of her stay in each area, if time permitted, she visited and reported upon the home conditions and family histories of many of the mentally defective children ascertained at school. It was quite impossible however for one social investigator to do the preliminary ascertainment in every area as well as visit all the homes; and therefore in two areas additional help was necessary, and we were fortunate in having the assistance of Miss M. O. Charlton. In the Welsh area it was essential to have a social investigator who could speak Welsh; here we secured the services of Mrs. N. Williams-Jones, B.A., who also rendered valuable assistance.

(6) Home Visits.

Our own visits to the adult defectives at their homes were made in the evenings, on Saturdays, or during the last few weeks in each area after we had completed our rota of school visits. Generally speaking our visits were welcomed; in some cases they were tolerated, and in a few cases resented. The good reception we met with in many homes could be attributed to the fact that the social investigator had previously called and prepared the ground by explaining the purpose of our inquiry. Much tact was necessary in visiting the homes that had not received any visit for a similar purpose previously. A few parents however even complained that no one had called previously to give advice or guidance concerning the defective. In a large number of homes we received the impression that the parents and relatives welcomed the opportunity of discussing with someone interested in mental deficiency the problems and difficulties arising from the presence of the defective in the home. Those who live day in and day out with a mentally defective person realise most keenly the necessity for the activities of statutory and voluntary authorities, and therefore welcome guidance and help, if these are given in the right spirit. Even when the defective is not troublesome he often proves a considerable financial burden, and some of these families reluctantly seek Poor Law outdoor relief. Not a few of the relatives expressed the view that public funds should be specially allocated to help persons who are rendered permanently inefficient economically and socially by some physical or mental defect; and that these cases should not be dealt with as paupers. No doubt the fact that such opinions were held would explain the good reception we had in some of the homes; but our experience in the course of this investigation has convinced us that if Local M.D. Authorities will only take a comprehensive view of the social service they can render in dealing with mentally defective persons they need not fear the reception their officers will be given in the homes.

CHAPTER 2.

STANDARDS ADOPTED IN THE PRESENT INVESTIGATION.*

I. GENERAL CONSIDERATIONS.

In the Chapter on " The Nature of Mental Deficiency " in the Committee's Report the essential features of the concept of mental deficiency are discussed and elucidated, but for the purpose of this special investigation the Committee decided that it was necessary to formulate more detailed criteria and standards for distinguishing the mentally defective from the normal and for differentiating between the several classes of defectives according to the grade of defect. The value of any statistics relating to the incidence of mental deficiency depends upon a clear formulation of the standards adopted. Many of the estimates of the numbers of mentally defective persons given by various investigators cannot be compared or rightly evaluated because no definite conception of the criteria of mental deficiency applied has been given. The work in this field of scientific study would obviously gain much in prestige if more definite standards were adopted and specified.

That there are however certain difficulties and even dangers in the formulation of criteria and standards of mental deficiency is not doubted. One difficulty is that of preserving the right balance in regard to the relative importance of various criteria. More definite standards have been established of some mental capacities than of others, with the result that these can be described with greater precision and are consequently liable to receive more attention in any attempt at the formulation of detailed standards than other capacities, equally important, but not capable of such precise measurement. Thus, scales for the measurement of intelligence and norms of educational attainments enable fairly precise standards of mental deficiency to be formulated if the defect is merely due to low intelligence ; but no such precision is possible if the deficiency is due to lack of emotional or moral qualities, which are certainly no less essential to successful social adaptation than intellectual abilities. Therefore it is necessary to emphasize that although much attention is given in this Chapter to standards of intelligence and educational

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* The preliminary draft of the standards and borderlines described in this Chapter was prepared at the Committee's request by Professor Burt, for whose kindness in allowing me to incorporate the contents of this draft in my Report I wish to express my cordial thanks. These were the standards applied in the present investigation ; and the Committee agreed that they formulate as exactly as possible the criteria at present adopted in this country. We recognise that these standards may not be applicable to all grades of mental defectives in the future, especially if the recommendations of the Committee relating to children are adopted. The new standards applicable to children are suggested in Part II of the Committee's Report, Ch. VIII.

attainments, at least as close if not still closer attention was paid in the ascertainment of mental defectives during this investigation to the more qualitative aspects of mentality and behaviour.

It should also be made clear that this formulation of the definite standards actually employed for this mass inquiry does not imply that the diagnosis of mental deficiency in any individual case for the purpose of certification can be reduced to the mechanical application of tests. It is essential that the person who undertakes to diagnose mental deficiency should have not only a knowledge of medicine, of psychology and of educational methods, but should also be experienced in observing the physical, mental and social features of sub-normal persons; and this knowledge and experience cannot be reduced to the tabloid form of standards. Although the standards here formulated were the primary basis of the findings, the personal equation of the investigator inevitably influenced these findings considerably; and this fact makes it all the more necessary to state precisely and clearly, in so far as it is possible to do so, the criteria and standards adopted.

Having regard to the purposes of this investigation, which were both scientific and practical, the Committee decided that the mental defectives should be classified in accordance with the grades defined in the Mental Deficiency Act of 1913, bearing in mind also in the case of the feeble-minded child, the definition of the " mentally defective child " in the Education Act. On these bases the general criteria and standards described in this Chapter were formulated at the outset of the inquiry. These were submitted to and approved by the Committee; and these criteria and standards were used for the purpose of ascertainment in this investigation.

(*a*) The Value and Limitations of Mental Tests in Diagnosing Mental Deficiency.

A few preliminary observations are necessary concerning the value and limitations of mental tests as aids to the diagnosis of mental deficiency. For the measurement of innate general intelligence, fairly efficient psychological tests have been devised. In almost all civilised countries such tests now form the main, but by no means the sole, criterion in the diagnosis of mental deficiency. In determining mental deficiency during childhood, intelligence tests form the best instrument for rapid ascertainment in all but exceptional cases. In the case of adults the value of such tests is far smaller, and before we can decide whether a particular adult needs care, supervision and control, many other factors, some of them physical rather than mental, social rather than psychological, and many other lines of evidence must generally be taken into account. Nevertheless, in dealing with adult cases as a group rather than as individuals, such tests provide the simplest indications for formulating the rough or average standards of mental deficiency to be observed.

In suggesting general standards of intelligence for adults, it may for the moment be supposed that all other factors are constant, and approximately average. If we consider persons coming from the largest group of the population (the unskilled and semi-skilled classes) and assume their environment to be that of an average working-class home in a large industrial town, and if further we assume that there are no special handicaps in the way of physical disabilities, unfavourable family conditions, etc., then the general criterion, even for adults, may for the purpose of such an inquiry as the present be roughly stated in terms of intelligence tests. But not for a moment, either in the case of children or of adults, must it be inferred that a diagnosis of any individual case is to be based on the results of intelligence tests alone.

Psychological tests enable us to measure intelligence in terms of a mental age. If the mental age is expressed as a percentage of the chronological age, the resulting ratio is called the " mental ratio " or " intelligence quotient." This " mental ratio " is approximately constant during the years of development. Since mental development, as measured by intelligence tests, practically ceases during the early years of adolescence, the denominator employed in determining the mental ratio of adults must not be the actual chronological age of the individual, but some agreed figure representing the end of normal mental growth in the technical sense. In the past a denominator as high as 16 years has been put forward (e.g., by Terman). Most recent studies however have shown that this is probably too high, and that the average mental level of the ordinary population is nearer to that of a person aged 14 than of one aged 16. In this investigation therefore the maximum denominator employed was 14, in accdorance with the results of recent research.*

(*b*) The Classification of Mental Defectives; General Borderlines.

In considering the classification of mental defectives, it must be clearly borne in mind that the lines of demarcation are to a great extent arbitrary. The idiot merges into the imbecile, the imbecile into the feeble-minded, the feeble-minded into the dull and backward, and the dull and backward into the normal, by insensible gradations. Apart, perhaps, from cases of the lower grades and pathological cases generally, the variations in the distribution of

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* Tests carried out upon the same children again and again during their school career show that among the dull and defective, mental development often ceases earlier than among the normal. Hence, particularly in the lower grade cases, the mental ratio, instead of remaining constant, tends rather to fall. In pathological cases, e.g. the epileptic, this decline in the mental ratio may be well marked. As a rule however the mental ratio as thus obtained for a normal or borderline adult will approximately correspond with that obtained for the same individual during the school period.

intelligence appear to be continuous: there are no gulfs or gaps. The borderlines to be drawn are really a matter of convenience and convention.

In formulating our standards the starting point taken was the statutory classification of the mentally defective into feeble-minded, imbeciles, idiots, and moral imbeciles,* and the apparent intention of the definitions given in the Mental Deficiency Act of 1913 for these various grades was accepted. An attempt was then made to express in detail how these definitions should be interpreted in applying them to concrete cases. A general description of typical cases of each grade of defect will be found in the Chapter on "The Nature of Mental Deficiency"; here therefore the description may be restricted to the more definite criteria and standards, and more especially those of the borderline cases of each grade. In actual practice some of these borderlines have been found to be of greater importance than others. The chief are the following:— first, the line separating the feeble-minded adult from the dull but normal adult; secondly, the borderline separating the adult imbecile from the merely feeble-minded; thirdly, the line separating the mentally defective child from the merely dull and backward. As we have seen, these lines do not exist in nature and the question whether a given child or adult should be placed on one or other side of the line is in some degree a matter of what is best for the individual and for the community.

Considerable practical experience during the last thirty years has been acquired in grading subnormal children, and almost as much in grading subnormal adults. In most large cities, where special schools and special provision for defectives have been in existence for some time and where the relevant Acts have been put into effective operation, a fairly general consensus of opinion seems to have grown up as to the most suitable points at which these borderlines should be drawn. Hence, instead of arguing the desirability of any specific borderline from *a priori* considerations, it seemed best to base it upon actual studies of existing working arrangements where these appeared to have been successful in practice. A number of surveys have been carried out by means of psychological tests including children and adults of the various types; and these surveys were taken as indicating what seemed to be the most convenient lines of division.

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* In our inquiry we naturally had in view the definitions contained in the Act of 1913; the definitions given in the Mental Deficiency Act, 1927, however, would not materially affect either the standards or criteria adopted of the actual findings of the investigation. Our conception of the "moral defective" indeed approximated more closely to the definition in the Act of 1927 than to that in the Act of 1913; and therefore in this Chapter the term "moral defective" is substituted for that of "moral imbecile." The "morally defective" ascertained in the present inquiry are regarded as a sub-group of the "feeble-minded" group.

II. IDIOTS.

Definition.—" Persons so deeply defective in mind from birth or from an early age as to be unable to guard themselves against common physical dangers."

General Description.—The idiots are the lowest grade of the mentally defective. They are so low grade as to be scarcely capable of receiving permanent benefit from any form of training. Seldom can they be trained in clean habits, to dress themselves, or to use a knife and fork when feeding. They may be able to understand a few simple commands, e.g., sit down, but their own speech never develops beyond the utterance of a few isolated words, and is mostly mere echolalia, that is, the mechanical repetition of one or two words or syllables after another person. Their powers of attention and application are so poor that they cannot be trained to do the simplest recreational handwork; but many of them acquire some such habit as monotonous tapping of the table. Most idiots require during their whole life the attention, nursing and care that has to be given to infants. Those who are able to walk unaided require constant supervision because they cannot guard themselves against the common physical dangers. Very few idiots ascertained in this inquiry had a mental ratio as high as 20.

III. IMBECILES.

Definition.—" Persons in whose case there exists from birth or from an early age mental defectiveness not amounting to idiocy, yet so pronounced that they are incapable of managing themselves or their affairs, or, in the case of children, of being taught to do so."

A. Adults.

(a) *Criteria adopted.*—Roughly speaking the economic or social criterion we adopted was that while the brightest of the feeble-minded can earn their own living and the majority can contribute to their own support (at any rate under supervision), imbeciles are incapable not only of earning an independent livelihood, but even of contributing materially to their own support. The best that can be expected of imbeciles will be the simplest of routine tasks under supervision. The brightest imbeciles can manage, in a somewhat irregular fashion, such menial duties as sweeping, dusting, scrubbing floors, washing earthenware and unbreakable articles, and even rough laundry work; even here however they would need almost continuous supervision. Most can carry out short single errands about the house, though few can be safely trusted to go far from the building alone. On the farm they can do mechanical operations like gathering potatoes and perhaps picking peas and beans. In woodwork the best of the imbecile youths can manage rough polishing, sand-papering, and hammering large nails; and in needle-work the best of the girls can manage coarse stitching and tacking;

few will be able to thread their own needles or even do plain knitting. The brightest can usually wash and dress themselves, but only learn to do so very late in childhood, and such matters as buttoning boots or tying shoe laces often remain entirely beyond their powers.

Adopting these practical criteria we felt that in terms of a mental age the upper borderline should be somewhere between five-and-a-half and six years. If a chronological age of 14 were taken as the denominator for adults, this would correspond with a mental ratio of about 40. Practically all who fell below this level were regarded as imbeciles, and a small number of adults with mental ratios in the border zone of 40 to 45 were also included in the imbecile group because they suffered from serious additional temperamental disabilities, e.g. dangerous outbursts of temper.

(b) *Borderline in terms of Intelligence Tests.*—A fairly definite idea of the intellectual level of these borderline cases is given by the tests forming the Scale of Intelligence applied in the present investigation (Appendix B. p. 218). The higher grade imbeciles were generally able to answer correctly the tests for Age 5, but failed with one or more of the Age 6 tests, while those for Age 7 were too difficult for them. Many of these cases gave rather better results with Performance Tests (Appendix B, p. 222) than with more verbal tests in the Scale of Intelligence.

The educational attainments of those whom we classed as imbeciles were for the most part nil. Indeed, we accepted broadly what has often been made the definition of an imbecile, namely, that though he can express his thoughts verbally and understand the statements of others, he fails to acquire the barest rudiments of reading, writing, or anything in the way of arithmetic (apart perhaps from sheer mechanical counting) that involves dealing with numbers above 5 or 6.

B. Children.

In large cities it appears to have been a common practice to identify the imbecile child with the ineducable defective. As is indicated by the terms of the certificate required under the Education Act, educability must here signify ability to profit by the training or instruction given in the average Special School. This, of course, does not mean that he can make good progress in the three R's, but that at least he should be improvable in his habits, and be able to benefit by the concrete and manual training given to children in classes containing about twenty. The child below this level we regarded as suited for the Occupation Centre rather than for the Special School.

Borderline: Criteria, Intelligence and Educational Tests.—On this general basis we took the view that with the poorest of the merely feeble-minded there should be some hope that, so far as scholastic attainments are concerned, he would ultimately be able

to recognise and form all the letters of the alphabet, to recognise and make simple figures, and perhaps even to read and write a few simple words containing up to three letters, such as "a", "it", "the", "cat", "and"; that he would, before leaving school, be able to make such childish calculations as "If you had 5 pennies and lost 1, how many would be left?" "How many do 3 and 2 make?" "What are twice 2?" By this, of course, it is not meant that the main line of educational demarcation adopted for the lower grade feeble-minded child consisted predominantly of exercises in reading or spelling monosyllables or in adding and subtracting units, or that he was judged solely by his progress in the three R's. These indications are simply given as marking the lowest borderline in concrete scholastic terms. If however there seemed no hope that such a child would attain even to this simple level, and, above all, if he seemed to show no progress in manual occupations, we felt that he should be excluded as ineducable.

The upper border zone of imbecility for younger children was therefore taken to be the mental ratios from 45 to 50 per cent. This was slightly higher than that for adults—40 to 45 per cent.; and this difference of standard is justified by the fact, which has been previously mentioned, that the mental ratio of the mentally defective person tends to fall, especially during the period of adolescence. Thus a child of seven with a mental age of 3·5 will probably prove to be ineducable, whereas a child of fourteen with a mental age of seven will almost certainly prove to be educable to some slight degree. This difference of standard for children and adults made it necessary to grade down by stages the upper borderline of imbecility among children between the ages of 10 and 16.

The child of 7 or 8, the usual age of entrance to a Special School, with a mental age of 3 to 4, was regarded as a borderline case and as suitable for admission to a Special School on probation. The intellectual attainments of this child were those indicated by the tests for Ages 3 and 4 in the Scale of Intelligence* (Appendix B, p. 218); the tests for Age 3 he passed, but most of the Age 4 tests proved too difficult for him. Under the stimulus of a sympathetic teacher, of association with others of his own age and level, and of the special attention given to physical health and home conditions when he enters a Special School, such a child will often show an unexpected improvement. On the other hand many come early to a premature arrest. Hence in the case of a child aged 7 or 8 prognosis was bound to be highly uncertain. Where however the child had been accepted for a year or two's probation in the

* Many of these tests are of a verbal type; and hence the child who was shy and had not mixed with strangers and perhaps in addition had some difficulty of speech, was not judged entirely by his failure in a purely oral examination. The simpler Performance Tests were used with much advantage when testing these children.

Special School, and it had subsequently become evident that there was no likelihood of his ever reaching the achievements of even the lowest class of an ordinary infants' school (Grade i), or where (as Binet suggests) after 2 years' teaching he was still unable to recognise most of his letters, or where again, in matters of classroom behaviour and discipline and in the practical affairs of everyday life—such as dressing, keeping himself clean, playing simple games, finding his way about the building or the neighbourhood—he had not reached the level of a normal child of about half his own age, then he was deemed incapable of receiving further benefit from the Special School, and was classified as an imbecile.

IV. FEEBLE-MINDED.

Definition.—" Persons in whose case there exists from birth or from an early age mental defectiveness not amounting to imbecility, yet so pronounced that they require care, supervision, and control for their own protection or for the protection of others, or, in the case of children, that they by reason of such defectiveness appear to be permanently incapable of receiving proper benefit from the instruction in ordinary schools."

The following definition of " defective children " is given in the Education Act, 1921, Section 55 :—Defective children are those who " not being imbecile, and not being merely dull or backward, . . . are by reason of mental defect incapable of receiving proper benefit from the instruction in the ordinary public elementary schools, but are not incapable by reason of that defect of receiving benefit from instruction in . . . . special classes or schools."*

A. Adults.

The essential feature of the adult defective is incapacity for social adaptation. Wherever possible full evidence of this lack of social adaptation was obtained. Observations and reports were procured to show whether the person had been unable to adjust himself to the economic and social standards of his class, whether he was failing to earn his living, or at any rate to spend his earnings intelligently, and to manage his personal and domestic affairs; and, further, whether this failure and this inability implied such incompetency of mind as to call for care, supervision or control. Evidence was also obtained to show that this incapacity was fundamental and irremediable, and that it dated from an early age which we interpreted in the broad sense as childhood or youth.

For the purposes of this investigation it was deemed advisable to sub-divide the feeble-minded group into two sub-groups—the " intellectually defective " and the " morally defective ". There is

* In this Report the term " feeble-minded child " is used as synonymous with that of the " mentally defective child " of the Education Act; and therefore a certain proportion of the children classed as feeble-minded would not be certifiable under the Mental Deficiency Act when they leave school.

no ground psychologically for restricting feeble-mindedness to intellectual deficiency, and the clinical picture presented by a typical case of moral deficiency may reasonably be described as feeble-mindedness. Many of the moral defectives are also subnormal intellectually, but there are a few who show no obvious abnormality in this respect. It was realised at the outset that it would be impossible in such a rapid survey as the present investigation to diagnose with certainty many cases of moral deficiency which manifested no intellectual retardation.

(1) *The Intellectually Defective.*

(a) *General Criteria.*—It may be said that, provided external circumstances are not definitely unfavourable, and provided there is no grave handicap in temperament or physique, some adults can manage to get along in a general community with a mental age so low as even eight years. Below this level by far the greater proportion of adults need supervision, care or control. It was therefore decided to adopt as the upper borderline for feeble-minded adults of the stable type a mental age of about eight years, so far as this borderline could be formulated in terms of intelligence tests; and this is a most important qualification. It cannot be repeated too frequently that intelligence tests alone are not adequate criteria or standards of mental deficiency especially when dealing with adults. The adoption of such a low borderline for feeble-mindedness makes it necessary to stress this point. Most of the difficult and troublesome feeble-minded persons have mental ages above eight; these form a considerable proportion of the persons that Local Authorities have to deal with under the Mental Deficiency Acts. We have evidence that the majority of feeble-minded persons in the largest Institutions for the Mentally Defective have mental ages of nine or ten, and a certain number have mental ages of even eleven or twelve. Defects of temperament or character accordingly received much consideration in our examination of adults. It was felt that it would be quite unreasonable and unjustifiable to refuse to regard as mentally defective an adult who despite a favourable environment had failed completely both socially and economically, merely on the ground that he had a mental age of eleven or twelve. Therefore whilst the standard adopted implies that every adult with a mental age below eight was included in the category of the mentally defective, persons with higher mental ages were also regarded as feeble-minded if temperamental or character defects rendered them socially inefficient.

With a denominator of fourteen years, a mental age of eight years is equivalent to a mental ratio of 57·2 per cent., that is to say, in round figures, a mental ratio of 60 per cent. So far therefore as predictions could be legitimately based during childhood upon the results of intelligence tests alone, it was thought fair to assume that children with mental ratios below 60 per cent. would be almost

certainly defective as adults. Above this mental ratio there were numerous doubtful and borderline cases whose diagnosis depended primarily upon considerations other than their scores with mental tests.

The standards applied to juvenile adults, that is to say, persons between the ages of 16 and 21, differed slightly from those applied to older adults. It will be seen later that the upper borderline adopted for children of school age (a mental ratio of 70 per cent.) was higher than that suggested for adults (a mental ratio of 60). It has already been noted that, in many individuals of subnormal intelligence, the mental age and mental ratio tend if anything to decline during the adolescent period. Rather therefore than make a sudden change of standard from 70 to 60 at the age of 16 we endeavoured to grade the standards down more slowly during the difficult period of adolescence. This meant that between the ages of sixteen* and twenty-one a mental ratio in the neighbourhood of 65 was generally adopted as a convenient borderline, and a mental age of from ten to nine years, according to the chronological age of the individual.

(b) *Borderline: Criteria and Tests of Intelligence.*—An adult who failed to secure a mental age of eight was regarded as feeble-minded. The mental level of such a person may be judged from the tests given for the Age 8 Group (Appendix B, p. 219). A large number of feeble-minded adults however were able to answer these tests correctly, but failed in some or all of those for the ages 9 or 10. In fact, an adult who failed to secure a mental age of 10 was suspected of being mentally defective intellectually; but the diagnosis of feeble-mindedness in the case of a person with a mental age above 8 was partly, if not chiefly, determined by criteria of industrial and social efficiency. Scores with intelligence tests, as already stated, do not form such a reliable basis of mental deficiency in the case of an adult as in that of a child, especially if the tests have a linguistic or scholastic bias. These tests however afford an opportunity for an investigator to observe the behaviour of the person when tested with tasks that have been standardised. When examining an adult we were concerned not so much in ascertaining whether the person tested gave the right answers to the test, but in observing signs and indications of subnormal mental functioning. The following are some of the features of behaviour and response which we regarded as indicative of feeble-mindedness: defective concentration and uneconomical distribution of attention, a poor sense of the relative importance of items, perseveration in speech and action, failure to manipulate items of knowledge previously acquired, inability to plan and lack of prevision, repetition of absurd errors, failure to comprehend the simplest syllogistic reasoning, and marked lack of initiative and persistence.

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* The data of the present investigation indicate that this declining process begins at a still earlier age, probably in some cases as early as the age of ten. *See* Ch. 4, page 100.

When the economical and social failure of an adult was under consideration, care was taken to allow for the economic and social standards of the class to which he belonged. Different standards were of course taken in the rural and urban areas, in the family of the unskilled labourer and in that of the professional class. The social inefficiency of a person was also judged in the light of his environment, social status, and training during childhood. A person was regarded as feeble-minded only if his social inefficiency were due chiefly to inherent mental subnormality. Generally speaking, if a person were defective in this sense, the attitude adopted towards him by relatives, friends and acquaintances—persons of his own social grade—often proved a helpful guide to the investigator. The wide variations of environment, social status and early training were taken into consideration also in the selection and application of tests of intelligence. The tests applied, in so far as it was possible, related to the universe of interest of the individual tested; for example, a person living in a country district was as a rule judged by his ability to understand the common affairs of rural life.

(c) *The Borderline of Educational Attainments.*—Nominally, with a normal child, a mental age of eight years should correspond approximately with the dividing-line between Standard I and Standard II. But, just as it is impossible to put more than a pint of water into a pint pot, but easy to put less, so it is impossible for a child's educational attainments to rise above his intellectual capacity, but easy for them to remain below. With older defectives at the special school, therefore, school acquirements are, as a rule, at least a year below the child's mental age; and with adults who have left school several years, the relation between educational age and mental age is apt to be more divergent still. Tests carried out by previous investigators among older children attending "Elder Boys' and Girls' Special Schools" show that a child with a mental ratio of 60 rarely gets beyond the line which divides the top class (Grade iii) in the ordinary Infants' School from the lowest class (Standard I) of a Senior School. Therefore in tests of scholastic attainments the borderline adult was taken as being one who was liable to break down at an educational age of about 7 years. The list of standardised tests in reading, spelling and arithmetic in Appendix B gives concrete examples of these attainments. If the exigencies of daily life did not necessitate simple reading, writing and calculations of this kind, it was found that the borderline adult had forgotten within a very few years after leaving school the little scholastic knowledge he had acquired. Where an adult had left school for some years but could still pass the hardest of these scholastic tests for persons up to the age of seven, we felt that there was a strong presumption that he was merely dull or backward, and therefore still normal in the sense of not being mentally defective unless there were defects of temperament and character to aggravate the case.

(d) *Industrial Borderline.*—It may be useful to describe in industrial terms the borderline which we adopted for feeble-minded adults. Much inevitably depended upon the training the defective had received. It was realised that an adult who had enjoyed proper training, or who had worked under continuous supervision, or as one in a general group, was likely to have far higher attainments industrially than one who had been left to himself. Thus the work done by feeble-minded adults in institutions might be quite misleading as a guide to what the same adults could do if left to fend for themselves in the world. And again a girl might be far more successful when working with others in a factory than if sent into domestic service without training.

Roughly speaking, and still considering only those cases in which the defect was primarily one of intelligence rather than of temperament or character, we took the view that feeble-minded persons even of the highest grade were unlikely to learn new skilled work without considerable individual tuition and that they required continuous supervision. Semi-skilled work, of a more or less mechanical or routine nature, they might be able to manage. The majority however could do just one process and no more. As a rule, they were not able to decide *when* the tasks were necessary; they were unable to plan, or to re-apply what they had learnt to fresh conditions.

Thus among the women, very few were able to make a garment throughout, though the brightest might be able to cut from patterns. Some were able to carry out most of the simpler duties of ordinary domestic work—cleaning, ironing, cooking, etc.—provided that no great speed, steadiness, or care was expected. Their greatest difficulties were in deciding how to spend what they earned, wherever the spending went beyond the usual daily routine.

Among the men, the brightest were, under supervision, capable of the ordinary agricultural operations—digging, ploughing, harrowing, etc.—of the simplest processes in metal or woodwork trades, and of such work as window-cleaning, paper selling, hawking, and "labourers'" jobs generally. Routine factory work and simple errand work was within the competency of the brightest of both sexes.*

On the other hand, where personal risks or personal responsibilities were involved, even the brightest would be liable to fail, and to fail seriously. Outside their own households they would seem hopeless wherever judgment, foresight, adaptation, self-initiated regularity, or continued care were required (e.g. waiting at table, washing glassware, the use of unaccustomed tools, the feeding of the more delicate animals, the manipulation of mechanical devices,

* It should be remembered that throughout this section we are not describing the mass of feeble-minded persons who were inferior to the above, but the highest borderline cases, and further that these standards did not apply to the rare and exceptional instances of limited talent or special ability, who might be even superior to the above in some respects.

etc.). Even the brightest would need constant supervision and control, not only to place and keep them in remunerative employment, but also to see that they had proper aid and advice in those inevitable emergencies of ordinary life which their own imperfect judgment would render them unable to meet. Once they were released from supervision, the majority of this type would become failures almost immediately.

(2) *The Morally Defective.**

Definition and General Criteria.—The term " morally defective " as used for the purposes of our investigation must in the first place be taken as including those who could be certified as " moral imbeciles " under the Mental Deficiency Act, 1913, that is to say, " persons who from an early age display some permanent mental defect coupled with strong vicious or criminal propensities on which punishment has had little or no deterrent effect ". Our concept however approached more closely the definition enacted, when this inquiry was almost completed, in the Act of 1927, namely, " persons in whose case there exists mental defectiveness coupled with strongly vicious or criminal propensities and who require care, supervision and control for the protection of others ".

The formulation of a borderline for this somewhat complex group was a difficult task. Even the existence of moral deficiency is not so universally recognised as that of intellectual deficiency. Mind, however, as recent psychology has so strongly emphasised, includes a temperamental aspect as well as an intellectual, emotion as well as intelligence. Hence, defects affecting temperamental capacities may rightly be designated " mental " defects quite as properly as those confined to intellectual capacities. Most contemporary psychologists seem to have accepted the view that the foundations of character consist of the innate instincts together with the primary emotions correlated with them. There is also evidence to show that just as there is a general factor underlying intellectual capacities, so there is a general factor underlying emotional capacities. This second general factor has been termed " general emotionality." The separate instincts correspond on the temperamental side with the specific aptitudes recognised on the intellectual side. As on the intellectual side, so on the temperamental side, mental deficiency in the technical sense should only be diagnosed in cases where there is a defect in the wider function of general emotionality.

Emotional abnormalities may consist either in a defect or in an excess. There are thus two sub-types, the over-excitable or unstable, and the unemotional or apathetic. The unstable defective, although

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* The term " temperamentally defective " is preferred to that of " morally defective " by many psychologists who maintain that the former of these terms indicates more correctly the psychological character of the defect. Moreover they urge that the term " temperamentally defective " is a more suitable term to apply to children.

his intelligence may be normal or even supernormal, often shows social maladjustment in the form of crime or vice. He fails to acquire sufficient wisdom and self-control to enable him to conform to the most fundamental moral conventions of the community; and even the strongest social sanctions do not deter him from repeatedly committing acts of indiscretion. He is so much the victim of his impulses and emotions that he is incapable of appreciating what is best even in his own interests, not to mention those of his family and friends. The unemotional, apathetic defective on the other hand often becomes conspicuous because he fails badly in adjusting himself to the ordinary conditions of his occupation owing to marked lack of interest, energy, or perseverance. There is not the normal blending of instinct and emotion; and when an emotional response does occur it appears incongruous. Most often the apathetic defective is indifferent to all the ordinary ties of affection, becomes estranged from his family and is incapable of cultivating anyone's friendship. Isolated cases of this type manifest extraordinary callousness even in most tragic circumstances; and some of the notorious criminals whose motiveless acts of cruelty have shocked the world were undoubtedly extreme examples of the unemotionally defective.

Before we diagnosed moral deficiency in any particular case it was necessary to eliminate the possibility of the individual's behaviour being due to some more common condition or factor. Moral deficiency is a comparatively new conception in medical science; and, as in the case of many newly discovered diseases, the diagnosis can best be described as a residual diagnosis; that is, it is arrived at after eliminating the possibility of more common mental states that have similar features. Many adults examined in the course of this inquiry had a bad record of crime, and it was in these cases that the diagnosis of moral deficiency had most often to be considered. Our approach to these cases was to find at the outset whether the behaviour could be explained by some of the more common conditions or factors known to cause criminal behaviour, e.g., home environment, bad companions, or low intellectual powers. Therefore it was very important in these cases to have full and reliable records of past history. These records in many cases enabled us to exclude the possibility of the abnormal behaviour being due to mental conditions which are sometimes often mistaken for moral deficiency, such as adolescent instability, psycho-neurosis, and incipient psychosis.

It should not be thought however that the diagnosis of moral deficiency was based merely upon a series of negations; we also applied positive criteria. Many of these are described in the Chapter on "The Nature of Mental Deficiency," and others we have given in the preceding paragraphs of the present chapter. A positive criterion which we regard as important is that with moral deficiency, just as with intellectual deficiency, the defect is general and not

specific. Excess in a single instinct or emotion—acquisitiveness, submissiveness, sex, or anger—is not sufficient. Evidence was obtained to show that most of the defective's instincts or emotions were too strong for his control, or so weak and feeble as to render him socially inefficient or morally callous. We were also in some cases much helped in diagnosing moral deficiency by a definite history of marked temperamental abnormality during childhood ; and although the statutory definition of the moral defective has no direct reference to early age, information to this effect is always valuable as confirmative evidence. Another positive criterion applied was the conception of " temperamental age," inexact as this concept must be in our present knowledge of the development of instincts and emotions in the life of the individual.

Although we have given the standards and criteria of " intellectual " and " moral " deficiency separately, many of the cases ascertained in this investigation were of the hybrid type. Control of instincts and emotions and the possession of emotional vigour show some correlation with general intelligence. Many a case ascertained by us to be mentally defective was scarcely certifiable on the ground of low intelligence alone or of abnormal temperamental condition alone ; but when we had to assess the combined results of his limitations as manifested in his general behaviour—and it was with this that we were primarily concerned, not with mere psychological abstractions—there could be no doubt that he had shown himself incapable of normal social adaptation because of inherent general mental incapacity. There were so many of these hybrid cases that we decided to group together the " intellectual " and " moral " defectives in the class of the " feeble-minded." The cases of moral deficiency ascertained which manifested no intellectual subnormality were so few that these also have been placed in the feeble-minded class ; the conditions of a mass investigation such as this did not permit of the ascertainment of many such cases.

B. Children.

The standards implied by the definitions in the two Acts*—the Mental Deficiency Act and the Education Act, respectively—indicate a higher borderline for children as compared with adults. In the large towns where Day Special Schools have been well organised it would seem that about one-third of the children who are certified as mentally defective during the school period cease to be regarded as mentally defective after the age of 16. It is important that this difference between the two standards should be realised. Indeed, many arguments might be brought forward to suggest that the two standards should be equalised ; for example, it has often been urged that it is at once unfair and disadvantageous to certify a child as mentally deficient when he will no longer be deemed mentally

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* *See* page 44.

deficient as an adult ; that such children are really cases of educational inefficiency rather than of social inefficiency ; and that they could be provided for equally well in special classes in the ordinary elementary school, where they would be educated side by side with those who were merely " dull or backward." The statutory definition however necessarily formed the basis of our standards and criteria in this investigation ; and therefore those applied to children were different from the standards and criteria applied to adults. When we come to interpret our statistical data it will be necessary to bear this in mind when comparing the figures for adults and children.

(1) *The Intellectually Defective.*

In the case of adults we accepted a mental ratio of 60 as the borderline, and recognised that many of the most difficult temperamental cases were likely to be above this borderline ; in the case of children it seemed obviously desirable that the line of demarcation should be drawn definitely above that adopted for adults. We accordingly took our border zone as lying somewhere between 60 and 70 per cent., and, so far as a single line of demarcation could be laid down, adopted as the upper limit a mental ratio of 70 per cent. With a denominator of 14 years a mental ratio of 70 per cent. would yield a mental age of about 9·8—say, in round figures, 10·0—at the ordinary school leaving age and the time of cessation of mental growth.

Borderline : Intelligence and Educational Tests.—It will be helpful to state in concrete terms the borderline we adopted in this investigation for (*a*) the young child aged 7 to 8—the age at which children generally enter the Special School—and (*b*) the older child aged 16—the age at which children generally leave the Special School.

(*a*) The highest grade feeble-minded child aged 7 to 8 was able to answer most of the intelligence tests for age 5, but failed at almost all the age 6 tests (Appendix B, p. 218). His educational attainments at this age were practically nil, but he may have recognised a few letters and counted 4 sticks correctly.

(*b*) A child of similar grade aged 16 had a mental age of nearly 10. He would be able to answer correctly the 9 year tests, most of the 10 year, and perhaps one or two of the 11 year tests. Generally speaking, the older the child the more " scattering " we found in his records with intelligence tests. His educational attainments in reading and arithmetic were nearly equal to those of a normal child of 8 (low Standard II level—Appendix B, p. 222, *et seq.*).

Although intelligence and educational tests were more reliable for diagnosing mental defect with children than with adults, they were by no means regarded as adequate criteria in themselves.

The records of children with these tests have been shown to be considerably influenced by social and environmental conditions. The young child from a poor home where it had been neglected during the pre-school period was unduly handicapped with these tests. The slow, inarticulate, shy, rural child was also at a great disadvantage when tested by a Scale of Intelligence which has a verbalistic bias. In our examination the mental ratio of each child was interpreted in the light of many other observations and facts relating to him—his general behaviour during the examination, the teacher's report of his behaviour in the classroom and in the playground, the child's physical defects, his family history and other relevant data.

(2) *The Morally Defective.*

The general description given of the morally defective adult applies in a large measure to the child, with the proviso that much allowance was made for the immature state of the child's moral development. Moral sentiments are formed mostly during the period of adolescence or even later, and it is difficult to foretell whether a certain child will fail at this stage of development—the stage that is so essential to harmonious social adaptation. Not infrequently a child who has a good record at school fails badly during the period of adolescence: his development seems to stop abruptly at the threshold of this last stage. It is therefore impossible in many cases to diagnose moral deficiency during childhood. A large number if not the majority of persons who were regarded as morally defective had however manifested considerable emotional instability when they were children. When the psychologist has made a more thorough study of the emotional and temperamental aspects of child life, we shall probably be able to foretell with greater certainty than at present the type of child that is likely to prove morally defective. With our present lack of knowledge of the complex factors that determine normal moral behaviour, we thought it well to be very cautious in making a diagnosis of moral deficiency in the case of any child; and therefore the number of children ascertained to be morally defective was very small. As with adults, so with children we have included in our returns those whom we regarded as morally defective among the feeble-minded.

CHAPTER 3.

GENERAL RESULTS.

I. TOTAL ASCERTAINMENT.

Table 3 gives a summary of the numbers of mentally defective children and adults who were ascertained in each area, and the incidence per 1,000 of the total population. The mean ascertainment for the six areas is 8·57 mentally defective persons per 1,000 population; that is, a representative sample of a thousand population in these areas would have 8·57 mentally defective persons; approximately one half (4·18) of these would be children and the other half (4·38) adults. It is necessary however at the outset to state that this figure cannot be regarded as the incidence of mental deficiency applicable to the whole country*. We shall postpone to a later part of this Report the discussion of the figures of total ascertainment; their significance will be better appreciated after we have analysed and examined our data in detail from various standpoints.

There are two fundamental classifications of these data: (*a*) those for urban and rural areas, (*b*) those for children and adults. A comparison of the figures in Table 3 for the first three areas (Urban Areas A, B and C) with those for the last three areas (Rural Areas D, E and F) shows at once that there is a marked difference of incidence of mental defect in these two groups of areas; and for this reason the figures for urban and rural areas will be discussed separately. We shall refer to the first three areas as the "urban" group, and the last three as the "rural" group; and the discussion of many features of secondary importance will be based upon this classification.

For more than one reason it is also advisable to discuss the data relating to children and to adults separately. Different standards of mental deficiency were applied to children and adults; and the investigation of the children, especially those between the ages of seven and fourteen, was more complete and thorough than that of the adults could possibly have been. Therefore the numbers of mentally defective children are scarcely comparable with those of adults.

Table 4 gives the numbers of mental defectives of various grades ascertained in each area. The children are divided into two groups, namely those under the age of seven (7—) and those between the ages of seven and sixteen (7 +). This sub-classification is necessary

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* The estimated mean incidences for England and Wales are given in Table 11; that for all grades and ages of mental defectives is estimated to be 7·34 per 1,000 total population (3·56 for children and 3·79 for adults).

because the Local Education Authority are responsible for feeble-minded children between the ages of seven and sixteen, whereas the Local M.D. Authority have the responsibility of dealing with all other mentally defective children, should this be necessary. Table 5 simply gives the numbers of Table 4 grouped together for urban and rural areas. It is difficult however to compare the numbers for the different areas given in these two tables, because the populations of the various areas are not quite equal; and therefore Tables 6 and 7 have been prepared which give incidences per thousand population corresponding to the numbers given in Tables 4 and 5 respectively. Thus, Table 6 (C) shows that in the Extra-metropolitan area a representative sample of a thousand inhabitants would have 4·19 feeble-minded persons, 1·24 imbeciles and ·29 idiots, making a total of 5·71 mentally defective persons

II. CHILDREN.

A. Incidence.

Most of our observations relating to the whole group of ascertained defective children will be based upon the figures in Tables 6 and 7, which give the incidences per 1,000 total population. Other and probably more accurate incidence relating to certain groups of children are given in Tables 12–15; and to these we shall refer at a later stage of our discussion.

The mean incidence of mentally defective children for the six areas is 4·18 per 1,000 total population —3·36 feeble-minded*, ·67 imbeciles, and ·15 idiots (Table 6 (A)). We must repeat that this mean incidence for the six areas cannot be applied to the children of the whole country. We have already indicated† that in one important respect, namely, the relative populations of urban and rural areas, the six investigated areas do not form a group representative of the country as a whole. In these areas the urban and rural populations were practically equal whereas in the whole of England and Wales the urban population is about four times as large as the rural. This fact becomes of importance when we find that there is a great difference between the incidence of mental defect in urban and rural areas; for instance, the incidence of mental defect among children in the urban areas is 3·51, and in the rural areas 4·88 per thousand total population (Table 7). It is obviously impossible to apply the average of these two incidences to the country as a whole when the general population is so unequally distributed between urban and rural areas. At a later stage of this Report the application of our results to the country as a whole will

* Throughout this Report the "feeble-minded child" corresponds to the "mentally defective child" of the Education Acts.

† Ch. 1, page 16.

be discussed ; but it is necessary at this stage to draw attention to this feature, which should be borne in mind whenever any attempt is made to generalise from these data.*

B. Grades of Defect.

(1) *Lower Grade Children, i.e., Imbeciles and Idiots.*

The numbers of idiot children ascertained are so small that it is scarcely necessary to discuss them separately. Therefore the imbeciles and idiots will be grouped together ; and we shall refer to this group throughout this Report as the "lower grade" defectives. Table 6 (A) shows that the mean incidence of lower grade defective children in the six areas is ·82 per 1,000 total population—·67 imbeciles and ·15 idiots, the imbeciles being about four times as numerous as idiots. That our ascertainment was incomplete is shown by the relative figures for the 7 — and 7 + age groups of children. The 7 — group comprises all children who had not had their seventh birthday, and therefore includes children of seven different age groups. The 7 + group includes children who had attained their seventh birthday but not their sixteenth, and therefore comprises children belonging to nine different age groups. If the ascertainment were as thorough for the 7 — group as for the 7 + group the number for the 7 — group would be at least 7/9ths of that for the 7+ group. The mean incidence of imbecility and idiocy for the 7— group in the six areas is however only ·15 per 1,000 total population whereas that for the 7 + group is ·67 per 1,000 total population ; that is, instead of the ratio being 7 to 9 it is less than 1 to 4.

There are several reasons for the relatively small numbers of lower grade defective children under the age of seven that could be ascertained in this investigation. One is that mental retardation is often not recognised until the child is four or five years of age ; even when a child is obviously defective to the doctor, its parents with a pathetic optimism may fail to recognise the deficiency. Moreover, in cases where the defect is recognised by the parents, the information is often guarded carefully ; and a child may be well over seven years of age before any public authority or even the neighbours come to know of its existence. The figures in Table 7 suggest that this is more often the case in rural than urban areas, the ascertained incidence of lower grade defect amongst children under seven years of age being less in the rural than in urban areas, whereas amongst children over seven the incidence in the rural areas is considerably higher than in the urban. Another reason for this disparity is that in the urban areas many of the young lower grade defectives are seen at the Infant Welfare Clinic ; and in this inquiry many names of young defectives were received from this source.

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* The estimated mean incidence for England and Wales is given in Table 11 that of mentally defective children of all grades is 3·56 per 1,000 total population.

A further reason for the small numbers of this group is the difficulty of diagnosis. The doctor, though quite convinced that a child is mentally defective, may not be prepared to diagnose imbecility or idiocy especially if the child is very young. Certain types of cases present much difficulty, as, for instance, those suffering from some form of paralysis, especially the kind known as congenital athetosis. Not infrequently a child with severe physical disabilities may develop considerably in intelligence: and, although at first sight he may appear to be imbecile or even lower, his intellectual capacities may prove to be equal to those of a high-grade feeble-minded person.

The relative incidence in urban and rural districts of "lower grade" deficiency among the older group of children (ages 7–16) is shown in Table 7. In urban areas the incidence is ·59 per 1,000 total population (·48 imbeciles and ·11 idiots) and in rural areas ·74 (·60 imbeciles and ·14 idiots); that is, the incidence of lower grade defect amongst children is about 26 per cent.* higher in rural than in urban areas. A more accurate comparison as regards children of all ages is obtained if we base our calculation upon the incidences given in Table 9; the figures in this table show that the incidence of lower grade defect is 38 per cent. higher among children of the rural than among those of the urban areas. These figures admit of only one conclusion; the rural areas have to bear a decidedly heavier burden of lower grade mentally defective children than the urban areas.

Table 6 (A) gives the incidence of lower grade defect amongst children in each of the six areas. Of the three urban areas, the Extra-metropolitan area has the highest incidence, namely ·85 per 1,000 total population as against ·68 and ·73 in the Cotton Town and Mining areas respectively. The difference is even greater if the figures for the 7 + age group only are compared (·71, ·50 and ·58 per 1,000 population respectively). It is all the more surprising to find that the Extra-metropolitan area has the highest number of lower grade defective children when at the same time it is found to have the lowest incidence of feeble-mindedness amongst children. The most natural explanation would be that the ascertainment amongst the younger children (group 7—) was less thorough in the other two urban areas; but this cannot account for the difference, because the total ascertainment of all three grades for the 7— group was highest in the Cotton Town.

A comparison of the statistics of the infant mortality in these three areas (Table J) suggests one factor that may explain this difference in incidence of lower grade defect.

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* The fact that the children in the investigated rural areas formed a smaller section of the whole population than was the case in the urban areas (*see* Table 1) vitiates this particular basis for comparison; and this figure under-estimates the disparity between the urban and rural areas in this respect. Calculations based upon the figures in Table 12 (B) show the difference in this group of children to be as high as 55 per cent. *See* page 63.

TABLE J.

Infant Mortality in the Investigated Areas. Deaths of children under one year of age per 1,000 *births* (1911–25).

	Quinquennial Averages.		
	1911–15.	1916–20.	1921–25.
Urban Area A	82	70	57
„ „ B	144	112	99
„ „ C	127	106	84
Rural Area D	90	72	58
„ „ E	84	70	63
„ „ F	103	76	74

The statistics for the years 1911–25 show that the rates of infant mortality in the Cotton Town and the Mining area have been considerably higher than that in the Extra-metropolitan area. It is safe to assume that the infant mortality of imbecile and idiot infants has been at an even higher rate than these figures indicate, with corresponding greater differences between these areas. Therefore it is quite possible that the larger number of lower grade defective children in the Extra-metropolitan area may be due to the fact that these children had a better chance of survival in this than in the other urban areas; and we may regard this feature of our data as an additional indication that the social conditions were on the whole better in the Extra-metropolitan area*.

The incidences of lower grade defect amongst children approximate more closely in the three rural areas, especially when the fact that these incidences are decidedly higher than those of the urban areas is taken into consideration. In Rural Area D the incidence is ·92 per 1,000 total population, in Rural Area E ·88, and in the Welsh rural area ·87. The rates of infant mortality in these areas also vary less widely than those of the urban areas; and it is again interesting to note that of the three rural areas the Welsh area which has the lowest incidence of lower grade defect amongst children has also the highest rate of infant mortality.

(2) *Feeble-minded Children.*

(a) *Age 7– Group.*—The figures for the younger children (7– group) are again very low, the mean incidence for the six areas being only ·36 per 1,000 total population; but this figure is obviously much too low. In some sparsely populated rural areas there were a number of children unable to attend school before seven years of age, owing to the distance between the home and the school; and in the mountainous Welsh counties there were quite a number of children beyond the three mile limit, whose school attendance could not be enforced. In certain densely populated districts of the urban areas a number of children failed to gain admission to school before the age of five because the Infants'

* *See* Ch. 1.

Departments were full, with the result that in some schools almost all the young children presented for examination belonged to two age groups only (5 + and 6 +).

The chief reason however for the comparatively low ascertainment of young feeble-minded children is the difficulty of diagnosis. It is impossible to decide in many cases whether a young child is feeble-minded or merely backward, whether its retarded development is due to poor mental endowments or to environmental conditions. Bad home conditions obviously retard the child's progress throughout its school career, but probably the effects are most evident during the first few years of school life. Especially is this the case with the child's speech. The child who comes from the better class artisan home has a good speaking vocabulary at the age of five when it enters the school, but many of the children from poor homes can scarcely speak a complete sentence at this age, and the first year at school has to be spent in providing them with a simple vocabulary.

The effects of home neglect on children during their first years were very obvious in the Infants' Departments of the schools in the Cotton Town, notwithstanding that many of the schools had adopted modern methods of infant teaching, and that the town had a well organised Department for Infant Welfare. In a cotton town large numbers of the mothers work in the mills, and therefore many of the children during their earlier years are left in charge of women minders, who receive payment for looking after the children while the mothers are at work. In the early hours of the morning the mothers can be seen taking the young children—some babies only a few months old—to the house of the minder ; and here the children remain until about six o'clock in the evening. One minder may have several children under her charge. It is not the duty of any public authority to supervise these minders to see what care is taken of the children ; and it is inevitable that some most unsuitable and incapable persons are to be found amongst them. The mother of a mentally defective child whom we visited earned her living as a minder. She herself was simple, illiterate, incapable of calculating simple money problems, and spoke childishly and irresponsibly. Her personal appearance was very dirty and untidy, and the home was in much need of fresh air and water. When we visited the house there were four children, not her own, left apparently in her charge. These children, needless to say, were in a filthy condition ; and it was obvious that they did not receive the care that children of their age require. It is not surprising that the teachers in the Infants' Departments, when they have to begin training these children who have been dwarfed physically and mentally by three or more years of such neglect, find their task most difficult.

In the course of our investigation in the Infants' Departments of this North Country town much difficulty was experienced in the examination of many of these young children ; several of them

could not be interested in our simple practical tests, and would not be persuaded by the teacher or myself to co-operate. This type of child was more frequently seen in the schools of this area than even in the rural schools. We had brought to our notice in this cotton area several good examples of childish mutism due to excessive timidity; and the behaviour was that of children who had been unduly repressed. Therefore in our examination of these young children it was important to take into consideration the unfavourable environmental conditions of the pre-school period; but even when we had done this, the relative incidence of feeble-mindedness amongst the younger group of children in Urban Area B was definitely higher than in the other two urban areas, being ·40 per 1,000 total population as against ·27 and ·32 (Table 6 (A)).

Before leaving the subject of the younger children in the Cotton Town we may be allowed to indicate one or two conclusions of a practical character suggested by these observations, although they are more relevant to the larger problem of the retarded child than to that of the mentally defective child. Any policy restricting the entrance of children at an early age to the Infants' Schools will bear hardly upon children in areas where the mothers work at mills and factories. It is true that public opinion has in recent years effected considerable improvement in the treatment of children entrusted to minders. For example, the doping of crying infants with gin and laudanum, said to be fairly common two or three generations ago, is now happily rare. Nevertheless public spirited men and women, doctors, teachers, officials of the various Local Authorities and social workers all recognise that the proper nurture of the pre-school child in the cotton areas is a problem that has yet to be solved satisfactorily. Some of the more progressive mill owners have opened crèches either at the mills or adjacent premises. These however do not appear to have met with success in all places, their failure being attributed to various causes, such as indiscretions of the staff in charge of the crèche, unduly exacting regulations, and the prejudice of the workers and parents. The whole problem of the care of the young child in the large cotton towns is one that demands greater attention by public authorities than it has hitherto received.

(b) *Age 7+ Group.*—The Local Education Authority are responsible for the education and training of all feeble-minded children between the ages of seven and sixteen, and in our large towns considerable numbers of these children are at present being educated in Day Special Schools for the Mentally Defective. Our figures of ascertainment for this group should therefore be of special interest to all those responsible for the administration and organisation of this branch of education, particularly since the standards of mental deficiency applied in this investigation were much the same as those at present adopted by School Medical Officers of some of the largest Education Authorities who have a well organised system of schools for mentally defective children.

The statistical returns of the Local Education Authorities are often expressed as the number per 1,000 children in average attendance at the Public Elementary Schools ; and as these Authorities are chiefly concerned with the group of children we have now under consideration, we shall base our remarks upon the figures given in Table 12, which shows the incidences per 1,000 school population.* The mean incidence of feeble-mindedness amongst this group of children in the six areas is 20·74 per 1,000 school population. A comparison of the figures for each area, given in Table 12 (A), shows that there is considerable variation, the Extra-metropolitan area having the lowest incidence with 12·39 per 1,000 school population and the South-Western area the highest with 29·07 per 1,000 school population. The incidence of feeble-mindedness again is considerably higher in rural than in urban areas. The average incidence of the urban areas is 15·13 per 1,000 school population, whereas in the rural areas it is 28·04 (Table 12 (B)) ; that is, the incidence of feeble-mindedness in the school population of the rural areas is about 80 per cent. higher than that in the urban areas.

(c) *Feeble-minded Children in the Urban Areas.*—The lowest ascertainment of feeble-minded children (ages 7–16) is in the Extra-metropolitan area with an incidence of 12·39 per 1,000 school population. It is interesting to note that the incidence in this area approximates fairly closely to the actual proportion of school population that attends the Special Schools for Mentally Defective Children in the Metropolitan area. The average figure for the five years 1922–27 for the London area is 10·79 per 1,000 of the average number of children on school registers. This figure of the London area does not however include the groups of feeble-minded children dealt with by the Poor Law Authority or those children attending Private Schools ; and when these are added it is probable that the total figure would not be much less than the incidence given by our data for the Extra-metropolitan area.

The incidence of feeble-mindedness among the 7 + Group of children in the Cotton Town is 13·97 per 1,000 school population, which is a little higher than the figure for the Extra-metropolitan area ; but perhaps the investigation of the school children was slightly less thorough in the latter, this being the first area investigated. It is worth noting again that although the incidence of lower grade defect among the children of the Cotton Town is decidedly smaller than that among the children of the Extra-metropolitan area, the incidence of feeble-mindedness is greater in the Cotton Town. Therefore if our surmise that the relatively high infant mortality accounts for the somewhat smaller numbers of

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* From the scientific standpoint, the figures in Tables 13 to 15 are more reliable ; but all the more important features of the data given in these tables are also exemplified by the figures in Table 12. For the meaning of " school population " *see* footnote to Table 1.

lower grade defective children in the Cotton Town is right this factor does not seem to affect appreciably the numbers of feeble-minded children.

The numbers in Table 12 (A) for the Mining area are specially interesting. The incidence of feeble-mindedness for the age 7 + group of children is 18·69 per 1,000 school population, which is about the mean between the incidence of the other two urban areas and that of the three rural areas. This area therefore belongs neither to the urban nor to the rural type in its incidence of feeble-mindedness among school children. This exception suggests that, although it may be accepted that there are different incidences of mental deficiency for urban and rural areas generally, it does not follow that these incidences are indiscriminately applicable to all urban and rural areas. Density of population is only one factor, and other secondary factors and conditions may modify considerably the incidence of mental defect.

The relatively high incidence of feeble-mindedness among the children of the Mining area should be viewed in the light of our earlier remarks upon the social and industrial conditions in this area. The Rural District, which contained nearly one-half of the population investigated in this Midland area, is a comparatively new colliery centre. Large numbers of the people who have in recent years come to work in the mines were previously farm labourers. As a rule the better type of farm labourer migrates to the industrial areas ; but here the demand for labour when the collieries were opened was so great and urgent that considerable numbers of even the poorer type of farm labourer were able to get employment in the mines. Therefore the population of this district could be said to have many rural characteristics ; and although industrially it was an urban population, socially and mentally it was still partly rural. Many of the children examined in the schools in this locality were only one or two generations removed from these rural immigrants ; and it is of interest to find that the incidence of feeble-mindedness among these children is appreciably higher than among the children of the other two urban areas investigated. It is not unreasonable to attribute, in some measure at least, the mental retardation of these children to the fact that their parents or grandparents were rural folk with low mental endowments. If this explanation be right, our data suggest that urban conditions can change but slowly the mental status of the inhabitants.

Another factor that may account for the high incidence of feeble-mindedness amongst the children of the Midland area is that this comparatively new colliery district had attracted many families from other mining areas ; and it is generally recognised that these families migrating from one mining area to another are of the poorer type. Poor human stock is often rolling stock. A man of low intelligence finds it difficult to keep his situation, he is amongst the first to be unemployed when there is scarcity of work, and

often he has no alternative but to migrate to some district where there is a great demand for labour. As a rule this type of man has few local ties, such as the ownership of the house in which he lives—a factor that makes for the greater stability of the better type of workman; and often there are other considerations such as arrears of rent and debts with local tradespeople, which make it expedient for the "subnormal" family to keep moving. The children inevitably suffer greatly in consequence of this itinerant life of the family: they are handicapped initially by poor mental endowments, and the frequent change of school further retards their educational progress.

(d) *Feeble-minded Children in the Rural Areas.*—The incidence of feeble-mindedness among children (age 7+ Group) is much the same in the three rural areas—Rural Area D 27·44, Rural Area E 29·07, and Rural Area F 27·69 per 1,000 school population. The three rural areas as a group have, as already noted, a much higher incidence than the three urban areas, the mean incidence of feeble-mindedness amongst children (ages 7–16) being about eighty per cent. higher in rural than urban areas (Table 12 (B)). Moreover the incidence of lower grade defect also amongst this group of children is about fifty-five per cent. higher in rural than urban areas. The general discussion of the factors that account for this difference of incidence of mental defect in urban and rural populations will come later; but some features of our investigation specially relating to children that bear closely upon this difference had better be discussed at this stage.

The ascertainment of mentally defective children, especially the feeble-minded group, was based to a great extent upon the scores the children made with the scale of mental tests used in this investigation. Some critics will urge, not unreasonably, that the rural child was at a disadvantage when examined with these tests, because admittedly they have a verbalistic bias. It is unnecessary to repeat what we have already written as to the interpretation given in this investigation to the scores of the children with the mental tests*; but we may say that great care was taken to allow for the comparative slowness and difficulty of expression experienced by the rural child. Credit was given if his responses indicated that he really had the intelligence to answer the questions set. When due allowance has been made for the slowness of the rural child it is very doubtful whether environmental conditions alone will account for so many more rural than urban children having mental ratios below 70 per cent.

It is also relevant to repeat that the children were not judged solely by their mental ratios, but that many other factors were taken into consideration. Our final judgment was much influenced

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* Ch. 2, page 53.

by the general behaviour of the child during the examination. The educational attainments of the child were also ascertained and investigated. Additional information which proved most helpful was given by the teachers with regard to the child's general behaviour in the playground, how he was regarded by his fellow pupils, and any abnormal temperamental features. Physical stigmata of degeneracy were noted and careful attention paid to physical defects. The records of the families of many of the children were also investigated and these proved most suggestive, a large number of the feeble-minded children in rural areas having relatives who were also mentally defective.

C. Relative Incidence of Grades.

A subject of some interest to both the administrator and the scientist is the proportion of mental defectives of each grade—feeble-minded, imbecile, and idiot. Table K. gives an estimate of the relative proportions of defective children of each grade in England and Wales, and is based on the figures relating to children in Table 11 (B). The figures in the first line of Table K. show the calculated incidence of each grade of defect in urban and rural areas and in the country as a whole. The second line gives the ratios of these incidences, taking as the unit the incidence of the smallest group, that of the idiots; and the third line gives the number that would be found of each grade in a group of a hundred ament children.

Table K.

	Urban Areas.			Rural Areas.			Mean for England and Wales.		
	F.M.	Imb.	Id.	F.M.	Imb.	Id.	F.M.	Imb.	Id.
Incidence per 1,000 total population (Table 11 (B)) ..	2·47	0·55	0·12	4·22	0·77	0·17	2·82	0·60	0·13
Ratio to Idiot group ..	20·58	4·58	1	24·82	4·53	1	21·70	4·62	1
Number per 100 aments (children)	79	17	4	82	15	3	79	17	4

The relative numbers of the three grades may be summarised as follows; there are four times as many imbecile children as there are idiot children, and four times as many feeble-minded children as there are imbecile and idiot children added together. There are slightly different ratios for the urban and rural areas, the proportion of feeble-minded children being somewhat higher in the rural areas. This is more clearly seen by comparing the incidences given in Table 9 (A): while the incidence of lower grade children of all ages in rural areas is 38 per cent. higher than in urban areas, the corresponding figure for the feeble-minded children is 70 per cent.

D. Sex Incidence among Children.

The relative incidence of mental defect amongst boys and girls is best shown in Table 8 (A). The numbers of boys and girls in each area are almost equal (Table 8 (A), Col. 3) ; in two areas only, the Cotton Town and the Welsh area, the girls outnumber the boys. The mean incidence of all grades of defect in the six areas is 16·04 per 1,000 boys and 13·60 per 1,000 girls ; and therefore the incidence is about 17 per cent. higher among boys than girls. This sex difference is indicated by the figures of each of the six areas but is most marked in the Cotton Town and the Welsh area ; the smallest difference is in the South-Western area, where the incidence amongst the girls approximates closely to that amongst the boys.

There is a marked sex difference for lower grade deficiency. The incidence of imbecility and idiocy combined is about 30 per cent. higher for boys than girls, whereas feeble-mindedness is only 14 per cent. higher. Although this sex difference has been noted by previous investigators, the difference in our figures for lower grade deficiency is surprisingly high ; and we must confess that we can offer no satisfactory explanation. In an official report that must lay claim to some measure of scientific impartiality we cannot adopt the poetical and chivalrous explanation that Nature first " tried her 'prentice hand on man, and then she made the lasses ". There is some statistical evidence however to support the view that pathological conditions are more frequent amongst male than female children ; and one proof of this is the higher infant mortality among boys than girls. Moreover, there are some scientific writers who maintain that there are always greater variations from the normal amongst males than females ; and if this be true the relatively larger proportion of lower grade defectives amongst males than females would be expected.

Although the difference of incidence of feeble-mindedness was only 14 per cent. higher amongst boys than girls we have grounds for thinking that even this over-estimates the real difference. Frequently we had occasion to comment upon the lists prepared by the Head Teachers of mixed departments because they included the names of many more boys than girls. Even when the numbers of boys and girls of the department were about equal, it was not uncommon to have on a list three times as many boys' as girls' names. In some of the mixed departments where this occurred, the teachers were asked to present some of the most backward girls whose names had not been placed on the list ; and frequently these girls proved, according to the standards of this investigation, decidedly more retarded than some of the boys whose names had already appeared on the prepared list. We have previously mentioned that many of the Head Teachers and Class Teachers, when preparing the lists on Forms A and B, interpreted the words " most backward " in an educational sense, and not as most retarded in general intelligence

or native endowment. Educational retardation is frequently judged merely by the attainments in reading, writing and arithmetic; and when this criterion is applied the mentally retarded boy tends to stand out conspicuously. The boy generally speaking is less docile educationally than the girl; and the retarded boy is apt to become somewhat troublesome in an ordinary class. He therefore comes to be regarded as a "problem" child; and it was but natural that teachers presented large numbers of this type of boy for examination in the course of this inquiry.

III. ADULTS.

A. Incidence.

Our ascertainment of mentally defective adults was obviously neither as thorough nor complete as that of the children; and the numbers of adult defectives ascertained in each area, and especially in urban areas, depended to a great extent upon the help we received from the Local Authorities, voluntary organisations, and the other sources of information previously mentioned. The inquiry in each area, especially in regard to the adults, was based upon the ascertainment of mental defectives made by the Local M.D. Authority; and this ascertainment which had been done with varying degrees of thoroughness in the investigated areas, inevitably determined to some extent our final ascertainment. In the course of the discussion there will be occasion to note many features of the statistical data relating to adults that indicate the incompleteness of our survey; and, as a result of this incompleteness, many of the conclusions from our data must be regarded as somewhat tentative.

Table 6 (B) gives the incidence of mentally defective adults per thousand population in each area; and we shall base most of our remarks concerning adults upon the figures given in this table. The mean incidence in the six areas is 4·38 adults per 1,000 total population. In the three urban areas, the mean ascertainment is 3·20 and in the three rural areas it is 5·61 per thousand population (Table 7). The mean incidence for the whole country is estimated to be 3·79 per 1,000 population (Table 11 (B)). Before discussing the relative incidence in urban and rural areas, we shall mention some of the factors which we think account for the different incidences in the six areas.

The lowest ascertainment of adult defectives is in the Extra-metropolitan area, where the incidence is only 2·55 per thousand total population; and, according to the most reliable estimate of the incidence amongst children, namely that given in Table 13, this area also yielded the lowest ascertainment for children. It is therefore natural to conclude that the incidence of mental defect was really less in the Extra-metropolitan area than in any of the other areas. The low incidence in this area (for children and adults combined) is all the more significant when we remember that the district has a

" young " population.* On the other hand, in a " young " population we would naturally expect to find a lower incidence of adult defectives, especially when this number is expressed, as in Table 4 (B), in terms of per 1,000 total population.

The low incidence in the Extra-metropolitan area is probably due partly to the fact that the social status of large numbers of families in the district was higher than the average in the other two urban areas investigated. At the same time, it is possible that this may explain why the ascertainment of adults was less complete in this area. If there is a mentally defective adult in the middle class type of family he or she seldom comes to the notice of any public authority, for there is no need to apply for any financial help from sources outside the family. Moreover there were other extrinsic factors that may have rendered our survey in this area less complete than in some of the other areas. The most obvious is that it was the first area investigated. There was much to be learned, that could be learned only by actual experience, concerning the best methods of conducting the difficult and delicate inquiries about adult defectives. On reviewing our experience in the six investigated areas, we are inclined to think that the Extra-metropolitan area was probably the most difficult area to investigate, especially in respect to adults. The chief reason for this we have already discussed, namely, the lack of social cohesiveness†. Table 16 (C) which gives the distribution of ascertained adults at the time of our inquiry, shows that the numbers of cases " *at home* " were decidedly lower in this area than in the other two urban areas. For the ascertainment of this group of cases, we depended to a great extent upon the information we received from Relieving Officers, who sent us lists of the names of the mentally defective adults receiving outdoor relief; but at the time of this inquiry in Urban Area A there was considerable controversy concerning Poor Law affairs in the district, and this caused the Relieving Officers to be too busy to spare the time for the full co-operation which, had circumstances been normal, would no doubt have been available.

Of the three urban areas, the Cotton Town had the highest incidence amongst adults (3·65 per 1,000 total population) though it is only slightly in excess of that in the Mining area (3·41). The ascertainment of adult defectives was probably more complete in the Cotton Town than in either of the other two urban areas, no doubt owing to the more thorough organisation of the social services.

The large numbers of mentally defective children in the Mining area would lead us to expect a high ascertainment amongst the adults, although in this area again it should be remembered that the population was comparatively young, and therefore the incidence of adult defectives per 1,000 total population would tend to be smaller than in an older population. It must be admitted that our

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* *See* Ch. 1, page 4.

† Ch. 1.

ascertainment in this area, especially in the new colliery centre in the Rural District, was less complete than in the Cotton Town, and probably even less complete than in the Extra-metropolitan area. The reasons for this we have already indicated, the chief being the relatively incomplete organisation of the social services in an area where the population had increased rapidly in recent years.

The area with the highest incidence of adult defectives is the South-Western area, the figure reaching 6·11 per 1,000 total population ; but to conclude that this area has actually the highest incidence of mentally defective persons is by no means justifiable. It is well to repeat that the ascertainment of adult defectives in this inquiry depended largely upon the amount of information received from various sources ; and in the South-Western area the initial ascertainment of the Local M.D. Authority was higher than in any of the other areas. The completeness of our inquiry in this area was in fact largely due to the invaluable help we received from the Statutory Authority and the active local Voluntary Association for Mental Welfare.

In the Welsh area, where the incidence is only slightly less than that in the South-Western area, the initial ascertainment of the Local M.D. Authorities was again fairly high. On referring to Table 16 (C) it will be seen that the numbers of adult defectives living at home in this area were higher than in any other.

Although the incidence of mentally defective children (ages 7–14) is highest in the Eastern Counties area (Table 13), that of the adults (Table 6 (B)) is the lowest of the three rural areas. In this area again the relatively low figures for the adult defectives are probably due to incomplete ascertainment. The initial ascertainment of the Local M.D. Authority was lower in this than in the other two rural areas. Large numbers of the names of adult defectives had to be obtained by interviewing persons who were interested in social work in the various villages ; and this inevitably absorbed much of the time of the social investigator. Although more time was given to these preliminary inquiries in this than in any other area, it was impossible to cover the whole ground thoroughly in the time at our disposal.

B. Relative Incidence of Grades among Adults.

The mean incidence of feeble-mindedness among adults is 3·34 per 1,000 total population, imbecility ·84, and idiocy ·19 (Table 5). The ratio of imbecility to idiocy is about four to one, approximately the same ratio as that among children ; but the incidence of feeble-mindedness among adults is only three times that of lower grade deficiency whereas among children the ratio was four to one.

C. Sex Incidence among Adults.

Table 8 (B) gives the most accurate figures of sex incidence. In the total population of each area except the Mining area, the women outnumber the men, especially in the Cotton Town, the Welsh

and the South-Western areas. The mean incidence of defect for the six areas shows no marked sex difference, the incidence among men being only about 8 per cent. higher than that among women. Probably this figure under-estimates the difference, because in most of the areas when we visited the homes we frequently saw only the women, with the result that the ascertainment of women defectives was more complete than that of the men. But one area was an exception in this respect, and that was the Cotton Town. The unemployment prevailing among the men at the time of our inquiry resulted in large numbers of them being in receipt of outdoor relief and this gave the Relieving Officers an opportunity of coming into contact with those men who were feeble-minded. The women were more regularly employed at the mills, and no doubt there were many who though generally recognised in their circle as simple-minded, did not come to the notice of the Poor Law Authority. Therefore, it is probable that the figures for this area exaggerate somewhat the sex difference. In two areas only, the Mining area and the Eastern Counties area, is the female incidence higher than the male. The marked sex difference in the incidences of lower grade defect is again shown by the figures for adults ; the mean incidence among males is 33 per cent. higher than that for females, whereas the mean incidence of feeble-mindedness is practically the same among men and women.

IV. CHILDREN AND ADULTS.

A. Relative Incidence in Urban and Rural Areas.

Table 7 gives an analysis of data relating to urban and rural areas which is the most accurate for all the groups included in our survey, and therefore we shall base our remarks for the present upon the figures given in this table. It is true that Tables 12 to 15 give more accurate data in respect of a restricted group of children, and previously, when our observations were confined to children, we have referred to the figures given in these two tables.

The total incidence of mental defect in urban areas is 6·71, and in rural areas 10·49 per 1,000 total population ; that is, the rural incidence is about 56 per cent. higher than the urban. A similar difference between urban and rural areas is shown by the figures for adults and children separately ; the incidence among adults is 64 per cent. higher in rural than urban areas, and the corresponding figure for children is 65 per cent. A marked difference is also indicated by the figures for the higher and lower grades of deficiency. The incidence of feeble-mindedness is 59 per cent. and that of lower grade deficiency (imbecility and idiocy) 46 per cent. higher in the rural than the urban areas. Although the differences are considerable for both grades of defect, the country-side differs from the town to a greater degree in respect of the higher than of the lower grade of defect.

Before discussing whether this difference of the incidence of mental deficiency is really due to the birth of a larger number of mentally defective children in rural than urban families we shall mention certain extrinsic factors that would cause the ascertainment in rural areas to be higher than in urban areas. Some of these extrinsic factors have already been indicated,* but there are others not yet mentioned that may have increased the difference of ascertainment in the two types of areas.

The ascertainment of adult defectives was probably more thoroughly done in rural than in urban areas†. Generally speaking it seems that the conditions of employment in rural areas enable the feeble-minded adult to be more readily recognised. This view is admittedly contrary to that of many observers in this field of study ; and on *prima facie* grounds the mentally defective would be expected to fail more conspicuously in the complex industrial organisation of the town than in the simpler rural system. This however is scarcely what we found. In the mills, the factories, and the mines of the urban areas there is much more group work than in the rural areas ; and it is now being recognised more and more by social workers who endeavour to find employment for feeble-minded adults that these often perform satisfactorily mechanical tasks when working in a group together with normal persons, whereas they fail badly when given some task independent of the group. On a farm there is much less group work than in the mill, and the farmer soon discovers whether he can rely upon a man to do his work without supervision. A farmer who employed a feeble-minded man for some years said that, although the food was previously mixed in the right quantities by some responsible person, he could not rely upon the defective to feed the cattle. He would either forget to give the food at the proper time, or place it so that some animals got much more than others, or he forgot to give the animals water, or in some other way made it impossible for the farmer to relax in his supervision. Such complaints were by no means infrequent. There are large numbers of farmers who can afford to employ only one or two labourers, and, since they find mentally defective adults require more supervision than they have time to give, the farmers are obliged to dismiss them. Although there may be much work upon the farm that requires comparatively little intelligence, there is very little that does not require the capacity of working by oneself. Similarly the mentally defective girl is likely to fail more definitely upon a farm than in a mill or factory in a large town. For this reason mentally defective adults are frequently more conspicuous failures in a rural setting than in a town, and soon find themselves unemployed. They are then often forced by circumstances to seek the help of some public authority or charitable organisation ; and in this way they are

* Ch. 1, p. 4 ; and the present chapter, p 63.
† Ch. 1, page 29.

more likely to be ascertained in the course of an inquiry such as ours than many of the feeble-minded persons in the town who are able to keep their situations in mill, factory, or mine.

The actual numbers of mentally defective persons in rural areas are increased by the tendency of families with mentally defective sons and daughters to move from urban to rural areas. We visited many homes in the rural areas where the father had been a shopkeeper or skilled artisan for the greater part of his life in a town, but when he retired from his business or trade, the family moved to a rural district. There were also several cases of mentally defective children who, while their parents still lived in the town, had been sent to live permanently with relatives in the country district. We are unable to give statistical data indicating the number of cases ascertained in rural areas to which this would apply ; we feel sure however that we are justified in mentioning this as one of the extrinsic factors that tend to increase the difference between the incidence of mental defect in urban and rural areas.

The high incidence of mental defect amongst adults in rural areas is also partly explained by the fact that mentally defective persons live longer in the country than in the town. The higher rate of child mortality in urban districts would lower the incidence of mental deficiency* : mental and physical weakness are closely correlated especially in the lower grade cases, and undoubtedly a relatively larger proportion of mentally defective than normal children die at an early age. The greater longevity of mental defectives in rural than in urban areas is also shown by an analysis of the figures in Table 17(E), which gives the numbers of adults in the various age-groups. In the three urban areas only 25 per cent. of the mental defectives were over forty years of age, whereas in the three rural areas the corresponding figure was 38 per cent.

Another explanation of the high incidence in rural areas that will probably suggest itself to many readers of this Report is that rusticity was in a number of cases mistaken for mental deficiency. The pitfall is so obvious that it becomes its own safeguard. In Chapter 2 where we discuss the standards of mental deficiency applied to adults, stress has been laid upon the fact that the defective should be deemed socially inefficient only when judged by the standards of his own social group, and only when his inefficiency is of such a degree and quality that the normal persons of the community in which he lives regard and treat him as simple-minded. If these criteria are applied there should be no confusion of mere rusticity with feeble-mindedness. It should be borne in mind that the names of almost all mental defectives ascertained in the rural districts had originally been given by responsible persons who had spent many years in close touch with rural inhabitants. It is most improbable that the country clergyman, doctor, teacher, relieving

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* This Chapter, page 58.

officer or social worker failed to distinguish between rusticity and feeble-mindedness. Moreover our experience is that the average country rustic, if allowed to talk about things in his own universe of interests, is scarcely less intelligent than the average urban dweller. In our talks with many of the parents or relatives of mentally defective persons in rural areas we found that they were quite as helpful in discussing family histories and in giving information about the patient as those in urban areas.

Even when allowance has been made for the factors we have just mentioned, it seems impossible to avoid concluding from the figures given in Table 7 that the incidence of mental defect among adults is intrinsically higher in rural than urban districts. This conclusion is supported by the data relating to the mentally defective children of school age, in whose case the ascertainment was equally thorough and complete in all areas and the data are therefore more strictly comparable than those relating to adults. Additional evidence that this difference is real, and not a statistical artifact, is given by the high numbers of lower grade defectives in rural areas. However much the diagnosis of feeble-mindedness in certain cases may be questioned, the imbecile and idiot are readily recognised; and, as these lower grade defectives are much more common in rural districts, it is to be expected that these districts would also have a higher incidence of feeble-mindedness.

It is only the impetuous reader who will conclude from our data that rural inhabitants as a group are generally inferior in mental endowments to the inhabitants of urban areas. Much more scientific evidence will have to be brought forward before this conclusion can be accepted; and the various social sciences will in time, no doubt, accumulate evidence to establish or refute such a conclusion. It is well to emphasise that our data in themselves do not make this conclusion inevitable. It is possible that the larger number of persons of subnormal intelligence in country areas may be counterbalanced by a correspondingly larger number of persons of superior intelligence. In some counties which have a mixed urban and rural population the rural child is said to be more successful in gaining scholarships at the Secondary Schools than the urban child; and keen observers have stated that genius and talent are to be found much more often in the small towns and rural areas than in our larger towns. If so, it is possible that the *average* level of intelligence may prove to be much the same in rural as in urban areas; but that whereas rural conditions tend to exaggerate the difference of intellectual attainments based upon natural mental endowments, the conditions in towns produce a general levelling up of the inferior and a levelling down of the superior mind. Rural life may make for greater diversity and individuality whereas town life may tend to produce uniformity and conventionality. Moreover it is well to bear in mind that intelligence is not the only mental factor of importance to the race;

a stable, well-balanced temperament may be biologically of greater value than a high mental ratio; and it is possible that rural life has great compensations in this respect. These however are theoretical speculations, interesting in themselves, but scarcely pertinent to the main theme of this investigation.

It must be admitted however that our data afford sufficient evidence to make further inquiry desirable. A prosperous future in agriculture is impossible if our rural population has an unduly large proportion of men and women of low mentality. Agriculture is becoming more scientific every year; and this trend makes an increasing demand for a higher level of intelligence among all rural workers. Some farmers complain that it is difficult to get men with the necessary technical knowledge and intelligence to manipulate the modern machinery that now is an essential feature of large farms. The agricultural depression of the last century and the phenomenal development of industries in urban areas caused a steady stream of migration from the country-side to the town; and, in the main, it was the young and virile section of the population that left the country-side. It is not unreasonable to suppose that this section also comprised the more intelligent members of the rural community, as these would be among the first to appreciate the economic and social advantages of life in industrial areas. This selective process has been at work on a large scale in this country for the greater part of the last hundred years. Seventy years ago the urban and rural populations were practically equal but to-day there are four times as many persons in urban than in rural districts. It is not improbable that the cumulative result of this selective process is that the rural areas have been left with a population containing a relatively large proportion of persons of low mental endowments.

The results of this selective process have taken some time to manifest themselves; but the medical investigators for the Royal Commission of 1906 also noted the disparity of the incidence of mental defect in urban and rural areas. The present investigation, made about one generation later, has yielded data which suggest that the disparity has increased. Therefore if the incidence of mental defect is really increasing in this country, the increase is occurring chiefly in rural areas. The mental deterioration, if there be any, is not associated primarily with the bad housing and industrial conditions of our large towns—although there is much evidence in our data that these contribute materially—but rather with the biological selective process in our rural districts, where, according to available vital statistics, the conditions are most favourable to health and longevity.

The removal from rural districts of large numbers of families of sound stock would in itself increase the incidence of mental defect in the population in these districts even if the actual birth-rate of mental defectives remained the same; and, conversely,

the incidence of mental deficiency in urban areas would be decreased. If this is all that has occurred there is no cause for anxiety ; but the possibility, and even the probability, that the high incidence of mental deficiency in rural districts may be due to two or three generations of selective breeding from the poor mental stock left in these districts should make us apprehensive. The same laws of heredity, according to all the scientific evidence we have, determine the transmission of mental endowments as that of physical features ; and it is inevitable that the cumulative effects of inbreeding of a group of persons of low intelligence should result in an increased incidence of mental deficiency. It may be that for the first time in the history of this country the distribution of the population, due to the phenomenal industrial developments of the last century, has become such as to make intensive inbreeding of poor human stock possible on a relatively large scale. If so, the problem is a serious one. No doubt the new study of rural sociology will do much in the near future to define this problem more clearly and to prove whether the data and assumptions upon which these conclusions are based are really valid.

B. The Distribution of the Mentally Defective within the Investigated Areas.

The distribution of the mentally defective persons in each area was most uneven. In town and country the mental defectives were mostly found in "pockets"; there were geographical foci of mental deficiency. It was most interesting and enlightening to discuss the factors that accounted for the high or low incidence of mental defect in certain districts with persons thoroughly conversant with the social and industrial history of these districts.

The unequal distribution of retarded children in town schools has long been recognised. The larger Education Authorities have lists of "special difficulty" schools, and these schools are almost invariably found in slum areas. The low level of intelligence of many of the children who attend these schools often affords an indication of the mentality of the parents. In the large towns our work in connexion with the ascertainment of both adults and children was mostly in slum areas. So much was this the case that we were inclined to generalise rashly that slumdom is largely the problem of the subnormal mentality of the inhabitants. Slumdom, not poverty, it is necessary to emphasise, for the distinction is important. Some of the homes we visited, where there was real poverty, were by no means slum homes.

The Municipal Authority for the large town in the Midland area had since the War demolished some of the poorest property in the centre of the town, and the slum type of family had been moved to new, commodious, semi-detached houses with large gardens. A number of the more respectable artisan families had also moved to this new district ; and in the course of our visits we had interesting

talks with several of the better type of residents. They complained very much of some of the families that had moved to the district from the slum areas; of the filthy condition of their new homes, of the lack of care, and, in some cases of the reckless destruction of the new property; of their drunkenness, quarrelling and noise at late hours; and of the uncontrolled children who were often an annoyance to the neighbours. It is no mere coincidence that many of the families complained of were those whose homes we had visited to inquire about some mentally defective member; and when these homes were visited we found conditions that were distinctly reminiscent of the slum. Although the houses had large rooms, there was the same disorder, dirt and characteristic odour of the small overcrowded slum homes. There had apparently been very little improvement; and it was of no little interest to note that, although this new residential district had not been in existence ten years, these families tended to cluster together, with the result that there were already small nuclei of slums here and there in the new district. So many complaints were made of these families and of the deterioration of the property they occupied that the Municipal Authority had decided to appoint a home visitor who would exercise some measure of supervision over the homes and give advice to the mothers.

The number of mental defectives in a town is affected by industrial and economic as well as social conditions. Certain occupations attract the less intelligent class of workman, and needless to say the standard of wages is an important factor. In this town for example the better type of worker sought employment in the steel or engineering works, but large numbers of the unskilled type went to the coal mines or some small potteries in the district. In certain urban districts there is much demand for the lowest form of unskilled labour, and this naturally attracts the mentally inferior worker. Fifty years ago this Midland town was a large centre for navvies employed in the construction of railways and the sinking of pits. These men were housed generally in common lodging houses or lodging house tenements, and the type of person who lives in such places is still attracted in large numbers to the town.

W——, a mining town in Urban Area C, proved most interesting. It has gained for itself the unenviable epithet of "beer-swilling W——." Forty years ago it was little more than a village of a few hundred inhabitants, but to-day its population is about 12,000. Before the colliery could be opened in the district it was necessary to construct a railway, and this brought to the place a large number of unskilled labourers. As soon as coal was found there was a great demand for labour, and the wages offered were so good that the majority of these unskilled workers settled in the place. The country districts around were scoured for more workers, and as the best workers had already left for older collieries, the type of man that came to this town was, to all appearances, not the best. The children at present attending the schools in the town are about two generations

removed from the people who first settled in the district when the colliery was opened. The Group Test scripts of these children were certainly inferior to those of most other urban children ; and the individual examination of many of them convinced us that there was an unduly large number of low intelligence and of poor physique.

The unequal distribution of mental defectives was even more pronounced in rural than in urban areas. The sparseness of the population in these areas made the clusters of the families whose members were subnormal mentally all the more conspicuous. There are " special difficulty " schools in rural areas as well as in towns. In one little school with only 36 children on the roll we were told that nearly half of them came from a group of families more or less closely related ; and three of the mothers were ascertained by us to be feeble-minded. As a rule, when a village school had more than its share of retarded children, our ascertainment of mentally defective adults in that district was also high. It is difficult to present statistical data to prove this, but it occurred far too frequently to be a mere coincidence. The low educational attainments of the children in some village schools were best explained in the light of the family histories of mental defect and insanity ; and in many of these cases the low mentality of the parents was all too obviously demonstrated by the deplorable condition of the homes. A survey of some of the poorer rural schools from this standpoint would probably produce interesting data.

Maps were prepared of the three rural areas (D, E and F), showing the distribution of the schools in which the ascertainment of mentally defective children was five per cent. or more of the children on the school books. Small schools with single cases were excluded, because it would be obviously misleading to include a school with only about twenty children, one of whom was mentally defective, in this group of schools. These maps are suggestive, although conclusions based upon them can only be regarded as tentative. The Welsh area had the largest proportion of these schools (17 per cent.), while the South-Western and the Eastern Counties areas had 13 per cent. and 12 per cent. respectively. Generally speaking, in all three rural areas, these schools were in the small villages that were farthest away from the towns ; but a more careful consideration of the geographical distribution of these villages makes it clear that even more important than the distance from a town are the facilities for communication. A small village only a few miles from a town, situated in a mountainous district with poor roads leading to it, may be much more isolated than another village situated many miles farther from the town but on the main road between two towns. Many of these schools with a high incidence of mental defect were in the most isolated villages. It must be remembered however that the number of children in these remote and inaccessible schools was small, and on this account each child ascertained to be mentally defective increased the percentage materially.

The numbers of mentally defective children in the small towns in rural areas were also somewhat high, decidedly higher generally than those of the schools in the large urban areas. Several rural towns had a relatively high incidence amongst the school population. In many of these small rural towns we also found "pockets" of adult defectives, many of whom were related to the children ascertained in the schools. There seems to be a tendency for the subnormal type of rural family to gravitate to these small towns. If the father be of low intelligence he is unable to keep a situation for long, even as a farm labourer; he may be able to support his wife and family for a few years by moving from one farm to another, but sooner or later he gets a reputation for inefficiency and finds it difficult to obtain employment on any farm in that neighbourhood. This type of man however is often able to eke out some kind of living by selling wood, collecting rags, or doing odd jobs in the small town; or at least he is able to indulge in frequent changes of employment without this necessitating the removal of his family from one district to another. Moreover some of these small towns have various charities for the poor, and these attract these men and their families.

When a cluster of mentally defective persons was found in a rural district we discussed the matter with some responsible person who was interested in social problems and who knew the district well. Not infrequently the explanation given was that a generation or two ago a family of poor intelligence had settled in that part; the children had married others of much the same mentality and had produced the present stock of mental defectives. We were able to obtain fairly conclusive evidence of this in some districts; but it is impossible to judge to what extent this inbreeding of poor stock accounts for the high incidence of mental defect in rural areas generally. An intensive investigation of these geographical foci would throw much light upon the etiology of mental deficiency. A complementary investigation of villages with a low incidence of mental defect would also yield valuable control data.

The Head Teachers of some rural schools informed us that the mental quality of the children admitted to their school of late years was decidedly poorer than it was previously, and they associated this with the change of tenants at the large farms in the neighbourhood. If the new tenant was one who pursued a cheese-paring policy, and if this took the form of paying low wages, the employees were of a poor type and their children would be dull and backward at school. Still greater changes seem to follow the break-up of large farms into small ones. Here again it is only right that we should recognise the danger of dogmatic generalisations about far-reaching changes of the social and economic order when the avenue of approach was so narrow as that of the present investigation. Any bad results such a change may have in the very restricted

field of our inquiry may be overwhelmingly counter-balanced by other benefits to the community. With this reservation we quote the opinion of intelligent and broad-minded persons in rural districts that the break-up of the large farms had resulted in a decidedly lower mental type of rural dweller, especially amongst the farm-labourers. It was urged that whatever may have been the limitations and disadvantages of the system of large farms, many of the employers took a personal interest in the housing and general welfare of the employees, and under these conditions, notwithstanding the low wages, many labourers of the better type remained on the farm. When a large farm was divided, instead of one farmer with ample capital there may have been half a dozen with little or no capital, who often had to struggle hard to make ends meet. The farm labourers whom these small farmers could afford to employ were usually decidedly inferior; and their children not infrequently proved incapable of making much progress at school.

In one district in the Welsh area there were many of these small farms, and the tenants in order to secure cheap labour received many boys from reformatory schools and girls from charitable institutions. These boys and girls often settled in the neighbourhood. When this district was investigated the names of many of these old reformatory boys were given to us as those of mentally defective persons, and in the schools their children were frequently presented for examination as the most retarded cases. Again, in the Poor Law Institution of that district a good number of the inmates belonged to this group. Many of the men had come to the district as youths, and had worked as farm labourers for many years, receiving only nominal wages; as is often the case with these people, senility had set in at a fairly early age—often in the fifties—and being no longer able to work, they were sent to the Poor Law Institution. By the introduction of this poor stock the burden of the poor rate had undoubtedly been increased. At the same time it is only fair to add that some of these reformatory boys had done well; and one or two of them were to be found among the leaders of local public affairs.

It is of interest to note in passing that some of the rural schools with a high incidence of mental defect had teachers who were regarded as most efficient; and generally these teachers were very much alive to the problems which retarded children present. There were, on the other hand, instances of schools where the general educational attainments were recognised to be low, and in some cases this was due no doubt to inefficient teaching. In some of these rural schools Group Tests were given to all the children over eight years of age, and not infrequently the records of the children with these non-educational tests approximated to the norms for the various ages. The numbers of mentally defective children in these inefficiently staffed schools were, not infrequently, lower than the average. When the most retarded children in these schools were examined

individually with the mental tests their records were naturally affected by their poor educational attainments ; but when alternative standardised tests not related to school work were used, it became obvious that the children's native abilities were those of the normal child.

C. Relative Incidence of Grades.

We do not propose to discuss the subject of the proportion of the various grades of mental defect in any subsequent part of this Report, and therefore we will give at this stage the figures indicating the proportions in the whole group of children and adult defectives. Table L is based upon the incidences given in Table 11 (B), and has been prepared on much the same lines as the preceding one (Table K, page 64), with the exception that one-third of the feeble-minded children, representing those who are merely defective in the educational sense*, have been deducted.

Table L.

	Urban Areas.			Rural Areas.			Mean for England and Wales		
	F.M.	Imb.	Id.	F.M.	Imb.	Id.	F.M.	Imb.	Id.
Incidence per 1,000 total population (Table 11 (B)) ..	4·20	1·19	0·28	7·00	1·85	0·41	4·78	1·32	0·31
Ratio to Idiot group ..	15·00	4·25	1	17·07	4·51	1	15·42	4·26	1
Number per 100 aments	74	21	5	76	20	4	75	20	5

It will be seen from the above table that in the country generally, of every hundred aments 5 will be idiots, 20 imbeciles and 75 feeble-minded persons ; in other words, for every one idiot there are 4 imbeciles, and 15 feeble-minded persons. Dr. Tredgold† had previously made similar calculations from the data of the medical investigators for the Royal Commission (1906) ; his corresponding figures are 6 idiots, 18 imbeciles and 76 feeble-minded persons in every hundred aments. The proportions of the various grades in these two sets of figures are practically the same. This is a fact of no little interest especially as the incidence of mental defect based upon the data of the present investigation is decidedly higher than that indicated by the data presented to the Royal Commission. How this close correspondence of ratios between the various grades should be interpreted is a matter that raises many controversial points, a discussion of which would be out of place in this Report.

* This chapter p. 81.

† " Mental Deficiency," by A. F. Tredgold, 4th Edition, page 15.

V. ESTIMATE OF THE TOTAL NUMBER OF MENTAL DEFECTIVES IN ENGLAND AND WALES.

When we attempt to generalise from the data of the present investigation there are certain features of our inquiries and of the results that should be specially borne in mind. Certain adjustments and corrections of our figures have to be made in order to arrive at the most accurate estimate of the total number of mentally defective persons in England and Wales.

We have already discussed* the degree to which the six areas were typical of England and Wales as a whole, and we came to the conclusion that our data relating to these areas formed a reliable basis for generalisation in respect of the broadest problems of our inquiry. We also emphasised however one important reservation to this. The proportion of urban and rural populations in the six areas differs considerably from that in the country as a whole. These two types of populations were practically equal in the six investigated areas, whereas in the whole of England and Wales the total urban population is 31,233,100 and the total rural population is 8,056,900†, that is, in the proportion of four to one Much significance is attached to this disparity when we find from our data for the urban and rural areas that there are marked differences of incidence of mental defect in these two sections of the population. Therefore, in order to arrive at an estimate of the total numbers of the mentally defective in England and Wales, it is necessary to apply the urban incidence to the total urban population and similarly the rural incidence to the total rural population‡.

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* Chapter I, page 15.

† These are the Registrar-General's estimates for mid-1927. The terms "urban" and "rural" are here applied in the administrative sense. The "urban" areas include London, County and Municipal Boroughs, and Urban Districts; and the "rural" areas comprise all the Rural Districts. In the large majority of cases the "urban" areas include the densely populated districts, and the "rural" areas those most thinly populated. There are however some exceptions to this. For instance, some small Urban Districts are included among the "urban" areas, whereas districts definitely more urban in character, such as the Rural District in the investigated mining area, are included among the "rural" areas. These estimates of urban and rural populations are however the best available. We have therefore based our calculations upon the assumption that the urban population of England and Wales is approximately four times that of the rural population; and this ratio has also been applied to the school populations.

‡ In applying these different incidences of mental defect to urban and rural populations generally we do not wish to imply that this difference of incidence will be found to exist between all urban and rural areas, especially if the units of population are small. Two urban districts which were included among the urban areas investigated proved to have incidences almost as high as that indicated by the mean for the rural areas; and there were small rural districts, on the other hand, where the incidence was almost as low as the mean incidence for the urban areas. There are undoubtedly grades of incidence in urban and rural areas. Our figures however show that if the unit of population is fairly large there is a decidedly higher incidence of mental deficiency in the rural than in the urban population.

The estimates given in Table 10 have been arrived at in this manner. The figures in this table indicate the number of persons in England and Wales who are "mentally defective" in the sense in which this term is used either in the Mental Deficiency Acts or in the Education Acts. The difference of interpretation given to the term in these two Acts has been fully discussed in Chapter III of the Committee's Report, and all that it is necessary to do at present is to recognise that the numbers given in Table 10 represent a somewhat composite group. They include not only the persons who are mentally defective in the sense that owing to incomplete mental development they are incapable of successful social adaptation, but also the group of children who are mentally defective only in the educational sense. If the recommendations of the Committee are adopted, this dual interpretation of the term will no longer exist; only persons who are defective according to the first of these two interpretations, namely that of the Mental Deficiency Acts, will be regarded as mentally defective. We shall now attempt to form an estimate of the number of persons who are defective in this more fundamental sense.

To arrive at this estimate it is necessary to eliminate from the numbers given in Table 10 the number of feeble-minded children who are defective in the educational sense only. To do this it is necessary to know the proportion of feeble-minded children certified under the Education Act who have proved themselves capable of normal social adaptation after leaving school. The data relating to the after-school careers of the children who have attended day Special Schools in those large towns where this form of educational provision has been fully developed, prove fairly conclusively that about one-third of these children are able to fend for themselves after leaving school, and therefore cannot be said to require the care and control which is necessary in the case of a feeble-minded adult. Therefore for our present purposes we must reduce the total number given in Table 10 by an amount equal to one-third of the numbers of feeble-minded children included in this estimate. When this reduction is made we estimate the total number of mentally defective persons to be approximately 250,000.

This estimate however is not the most accurate that can be obtained from our data. It is based upon the numbers of persons of all ages and all degrees of defect ascertained in the six investigated areas; and we have seen that these were not complete. In our present inquiry one section of the community was thoroughly investigated, namely, the child population, ages seven to fourteen; and this was possible because practically all the children of these ages attend school. A comparison of the incidence of mental defect in this group with that of the other sections of the community that were investigated gives us some idea of the incompleteness of our inquiry. We propose to use the figures relating to this thoroughly

investigated group of children (Table 15) as the basis of a more accurate estimate of the total numbers of mentally defective persons in England and Wales.

There is however at least one difficulty in the application of the incidence amongst the child population to the whole population of the country. Whilst it is possible to justify the application of the incidence ascertained among the child population (ages 7 to 14) to the whole group of children (ages 0 to 16), this incidence cannot be applied to the adult population, because it is generally recognised that the mortality rate of adult defectives differs from the rate of normal persons to an even greater degree than that of mentally defective children. Unfortunately there are no reliable statistics of this differential mortality rate, and it is consequently impossible to apply the incidence among the child population to the adult population. Therefore in arriving at our corrected estimate we propose to regard the incidence among the child population ages 7 to 14 as applicable to the whole group of children ages 0 to 16; and further, to apply in the case of adults the incidence figures given in Table 9, although we recognise that these are too low and therefore yield conservative estimates.

Thus the two adjustments to be made in arriving at our new estimate are :—(*a*) the elimination of children merely educationally defective, and (*b*) the extended application of the incidences relating to the child population (ages 7 to 14) to the whole group of children (ages 0 to 16).

The precise application of these two principles is indicated below*; and the figure thus obtained enables us to state with some measure of confidence that the mean incidence of mental deficiency for England and Wales is about 8 per 1,000 population†. This incidence applied to the total population yields an estimate of about 314,000 mentally defective persons of all ages and grades in the whole country.

This incidence of eight per thousand population is higher than that given by most previous investigators of this problem, although a few writers have estimated an even higher incidence. The following

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* The corrected mean incidence of mentally defective children (ages 7 to 14) for the whole country (after deducting one-third of the incidence of the feeble-minded group only) is (2·79—0·77=2·02 per 1,000 total population) (Table 15). The corresponding incidence of all mentally defective children (ages 0 to 16) is $(\frac{16}{7} \times 2{\cdot}02 = 4{\cdot}62)$. The mean incidence for the whole country of mentally defective adults is 3·79 (Table 11). Adding the mean incidences for children and adults the total becomes (4·62+3·79=8·41 per 1,000 total population).

† It is of interest to note that when the Group Tests were applied to the American Army during the Great War the incidence of persons who scored a mental age of 8 or less (approximately the standard adopted for adults in the present investigation) was also eight per thousand.

are a few of the incidences arrived at by former investigators :—

Year.	*Investigation.*	*Estimate per thousand population.*
1906	Royal Commission	4·61
1915	New York State Commission	4·13
1915	W. E. Fernald	4·00
1915	The Porter County (Indiana Survey)	7·35
1916	The Newcastle County (Delaware Survey)	3·82
1916	C. H. Strong's investigation of New York Charities..	3·40
1916	Nassau County (New York Survey)	5·44

It is so difficult to compare the conditions and standards of these investigations with the present one that it would be an unprofitable task to attempt a detailed discussion of these various estimates.

There is however additional evidence that the figure at which we have arrived from our data does not exaggerate the incidence of mental defect in the country as a whole. We have already noted that the incidence of feeble-mindedness amongst children in Urban Areas A and B corresponds with that indicated by the returns of Local Education Authorities most progressive in making provision for mentally defective children. Moreover certain School Medical Officers who have made careful surveys in rural schools give incidences approximating to those we found in similar districts. Then again, the ascertainment figures of the more progressive Local M.D. Authorities also suggest that the estimate of eight per thousand population of mentally defective persons is not too high. The highest ascertainment figure given by Local M.D. Authorities up to the present is 4·66 per thousand population. It must be remembered that this figure is based upon numbers which include few, if any, feeble-minded children between the ages of 0 and 16, and exclude most of the lower grade defective children and adult defectives (of all grades) dealt with by the Poor Law Authorities ; and these groups in our present inquiry amount to no less than 3·89 per thousand total population. Therefore there is much evidence in support of the view that the figure of eight per thousand mental defectives in the general population is not an unreasonably high estimate.

The question that will naturally be asked is whether our figures prove that there has been an increase in the incidence of mental defect in this country in recent years. The answer we feel we must give to this is that no definite conclusion can be established from our data. Our estimate of the total number of mentally defective persons in England and Wales it is true, is nearly double that based upon the data of the medical investigators for the Royal Commission in 1906 ; but the increase can be attributed largely to the fact that a much more thorough inquiry is possible at present than twenty years ago. The various factors contributing to this more complete ascertainment have already been mentioned.

These are, the improved methods of diagnosis and more precise standards (especially in repect of children) that have been elaborated during the last twenty years ; the statutory duties placed upon Local M.D. Authorities and Local Education Authorities by the Mental Deficiency Acts, 1913, and the Education Act, 1914, to ascertain mental defectives in their area, and the facilitation of our inquiry by the ascertainments previously made by these Authorities ; and the fact that we took a longer time and received more assistance than the investigators for the Royal Commission. How much of the increased incidence can be attributed to greater thoroughness of ascertainment it is impossible to state ; but we are of opinion that this accounts for a large, if not the greater, part of the increase.

There is however some evidence that the numbers of mentally defective persons in this country relative to the increase in population are higher now than they were twenty years ago. The standards and criteria applied in the present investigation in the ascertainment of the lower grade defectives (imbeciles and idiots) we have every reason to believe were much the same as those applied by the medical investigators in 1906 ; but although these were the same, the incidence of lower grade defect is almost twice as high as that estimated from the figures of the Royal Commission. It is inconceivable that the medical investigators of this former investigation should have failed to ascertain almost one-half of the lower grade cases, for these are generally known in most districts.

The fact that there are larger numbers of lower grade defectives living to-day than twenty years ago does not necessarily prove that larger numbers have been *born*. A more probable explanation is that a larger proportion survive ; and this may be attributed to the attention given by public authorities in recent years to Maternity and Infant Welfare work. These services could scarcely be claimed to benefit the community if this were the only result achieved by them ; but there is ample evidence that they have succeeded in saving for the nation not only its liabilities but, to an even greater extent, its assets. Antenatal care and improved midwifery and better infant nursing have undoubtedly saved many more normal than mentally defective children.

The increased incidence of mental deficiency we attribute to a great extent to these two factors—more thorough ascertainment and increased longevity of the mental defective. Whether a higher proportion of children *born* in recent years are mentally defective than was the case in previous generations it is impossible to infer from our data ; and it is only if this occurs that it can be said that mental deficiency is really becoming more prevalent. There is however one disturbing feature of our data which suggests that there has been a real increase of mental deficiency in the course of the last few generations. This feature is the differential incidence in urban and rural areas. We attach great importance to this feature of our data because the difference exists between the

numbers not only of adult defectives, but also of defective children of school age. It may be argued that the higher incidence of adult defectives in the investigated rural areas is due to the more complete ascertainment*; but the investigation of school children was equally thorough in urban and rural districts.

The significance of this difference of incidence of mental defect in urban and rural areas has already been discussed†. All we need say here is that if it can be proved that the industrial revolution of the last century involved a selective process in the re-distribution of population, leaving behind in the rural areas many persons of an inferior stock who have intermarried, then it is difficult to avoid the conclusion that there has been in the rural areas an increase in the *birth rate* of the mentally defective. A close study of the family foci of mental defect in some of the rural districts which we investigated caused us to feel that this conclusion cannot be dismissed as altogether impossible.

Estimates of the Numbers of Mental Defectives in England and Wales in Various Groups.

There are three estimates of special interest from an administrative standpoint, namely the numbers of :—

(1) feeble-minded children, ages 7 to 16.

(2) lower grade children (imbeciles and idiots), ages 0 to 16, and

(3) mentally defective adults of all grades.

(1) *Feeble-minded Children ages* 7 *to* 16.

Feeble-mindedness, it should be borne in mind, is here used as an equivalent of "mental defectiveness" in the sense of the Education Act. The most reliable estimate of the number of feeble-minded children (ages 7 to 16) from our data is given in Table 24 (3). It is estimated that there are about 76,000 feeble-minded children of these ages in urban areas, and about 29,000 in rural areas, making a total of about 105,000 in England and Wales. This figure indicates the provision the Local Education Authorities would have to make for mentally defective children if the statutory duties imposed upon them by Part V of the Education Act, 1921, were fulfilled.

(2) *Lower grade defective Children ages* 0 *to* 16.

The estimate of the numbers of lower grade defective children (imbeciles and idiots) under 16 years of age is given in Table 10(A). In the urban areas of the country there are about 21,000 lower grade defective children, and in the rural areas about 8,000,

* This chapter, page 70.

† This chapter, page 69 et seq.
See also Committee's Report, Part II, Chapter V, paragraphs 88–90.

making a total of about 29,000 in the whole country. This figure however is an underestimate, because the ascertainment of the younger children was very incomplete.* If the incidences given in Table 15 be taken as a basis, we estimate that there are at least 40,000 lower grade children (ages 0 to 16) in England and Wales.

(3) *Adult Defectives.*

The most accurate estimate of the number of adult defectives of all grades and ages in the whole of England and Wales is that given in Table 10(B), namely, 148,813, or approximately 150,000. We have seen that the figures upon which this estimate is based are also incomplete, but we are unable to arrive at any more accurate estimate than this from our data. About 105,000 of the adult defectives live in urban areas and only about 45,000 in the rural areas.

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* This Chapter, page 56.

CHAPTER 4.

FURTHER EXAMINATION OF THE FINDINGS.

In this chapter we shall discuss our data in more detail, but again shall restrict our attention to those features that are most closely related to administrative problems. We shall consider first the two groups of children, the feeble-minded and the lower grade defectives (imbeciles and idiots). These two groups are at present dealt with by different Central and Local Authorities, the former by the Board of Education and the Local Education Authorities, and the latter by the Board of Control and the Local M.D. Authorities.

I. CHILDREN.

A. Location at the time of the investigation.

(1) Feeble-minded Children.

Table 16(A) gives the location of all the children ascertained to be feeble-minded in each of the six areas. In this table we have placed each child in one category only, although the categories are not mutually exclusive. Thus most of the children in categories 5, 6, 7 and 8, namely those in Poor Law Institutions, Cottage Homes, those "boarded out," and those in Charitable Homes, attended Public Elementary Schools, and might have been entered under this heading also. The numbers of cases that could thus be placed in two categories were so small that it is scarcely necessary to present separate tables. The ten categories in this table can be divided into two groups; children living at home with their parents or relatives (categories 1, 2(*a*), 3 (mostly), 9 and 10); and children in residential schools, institutions, charitable homes, or with foster parents (categories 2(*b*), 4, 5, 6, 7 and 8).

(a) *Public Elementary Schools.*

About four-fifths of all the children ascertained to be feeble-minded according to the standards applied in this investigation attended the ordinary Public Elementary Schools. There is nothing new or surprising in this to those who are conversant with this department of education; indeed, the recognition of the fact that in most of the provincial towns and rural districts the mentally defective children remain in the Public Elementary Schools was one of the reasons why the present investigation was proposed. Had the investigated areas included some of the large towns where the Day Special Schools for mentally defective children have been well organised, the proportion of feeble-minded children remaining in the ordinary Elementary Schools would have been much lower. There were Day Special Schools in two of the investigated areas—Urban Areas A and B. The figures in Table 16(A) show however that

even in these two towns there were many more feeble-minded children remaining in the ordinary Public Elementary Schools than attending the Day Special Schools.

In quite a number of the schools in the urban areas investigated the mentally defective children were taught in classes for retarded children. The majority of these classes were held only intermittently; the retarded children from the various classes were brought together only for such lessons as reading and arithmetic, and remained for most lessons in the classes with normal children of approximately their own age. These retarded classes can best be described as slow normal classes, the children being regarded as normal children who merely require more individual attention and more time to learn the ordinary school subjects than the average child. The tendency of the teachers of these classes was to concentrate upon the educational deficiencies of the child and perhaps to overlook the child's innate mental capacities. It is doubtful whether the type of child with whom we are dealing in this inquiry really profited much from the instruction provided by the somewhat spasmodic organisation of these retarded classes. In many of the schools there was no classroom available for the class, and in very few schools was there a teacher who had received any special training in teaching methods for backward children.

In a few of the urban Public Elementary Schools the Head Teachers had adopted a system of organisation to meet the needs of the mentally defective and retarded children. The time-table was so arranged that the general school subjects such as reading, writing, arithmetic, literature and drawing were taught in all the classes at the same time, in order that it might be possible for any child to attend a class suited to his attainments in these subjects. Even a boy retarded in several school subjects would attend some classes where there were boys of his own age, a practice which undoubtedly fosters self-respect and confidence. The general impression we received in these schools was that although this method may not be ideal for dealing with retarded children, it is much better than leaving them the whole time in classes either with children much younger than themselves or with children whose mental and educational attainments are considerably in advance of theirs.

Some of the Education Authorities in the urban areas had recently organised Open-air Schools and Classes for delicate and debilitated children and for children suffering from physical defects; and to these schools some mentally defective and retarded children had also been admitted. In the Cotton Town the Authority were gradually reducing the numbers in the Day Special School for mentally defective children and sending all the newly ascertained educable feeble-minded children, together with considerable numbers of the dull and backward, to the Open-air Schools or Classes for physically defective children. The mentally retarded children undoubtedly benefited considerably from the attention given to physical fitness in these

schools; and they were all the happier because the curriculum included many lessons of a practical character. The Education Authority also found that parents who objected to sending their children to the school for mentally defective children were anxious that they should be admitted to the Open-air School.

We received the general impression that the mentally retarded children were given more attention in the small rural school than in the large urban school where no special provision had been made for them; and this we would attribute to the tradition in rural schools of giving individual attention to pupils or of teaching children in small groups. A mentally retarded child in a small rural school with only some forty children on the roll is more likely to receive individual attention than a similar child in a class of forty children in a large urban school. It is doubtful however whether the efforts of the rural teacher in respect of the retarded child are always rightly directed. Many rural teachers brought to our notice retarded children about fourteen years of age who would in the near future leave school; and although considerable efforts had been made for several years to teach the ordinary school subjects to these children, their attainments were usually not equal to those of a normal child of seven. It would have been better for both teacher and child if, after a reasonable trial with the ordinary school subjects, the child had been allowed to occupy his time at school in doing some practical work more suited to his natural capacities and interests.

(b) *Special Schools for Mentally Defective Children.*

(i) *Day Special Schools in Urban Areas A and B.*—These were the only two investigated areas which had Day Special Schools. The school in the Extra-metropolitan area had been opened only a year or two, whilst that in the Cotton Town had been in existence several years. There were 56 children whose homes were in the investigated wards attending the former school, and 47 children in the latter. The numbers on the registers of the Cotton Town school were however decreasing rapidly. The Local Education Authority, as we have already stated, were pursuing the policy of sending the educable feeble-minded children to the Open-air Schools, and this because of the difficulty experienced in persuading the parents of the higher grade children to send them to a school containing lower grade defectives.

The mentally defective pupils in these Day Special Schools were examined carefully, because it was of special interest to determine the type of child admitted to these schools. Table 20 (1) gives the numbers of children classed as feeble-minded and imbeciles respectively in each of the schools. In the school in the Extra-metropolitan area 15 of the 56 children and in the Cotton Town school 17 out of the 47 children are classed as imbeciles; that is, 32 out of the total of 103 children, or almost one-third of the pupils are so low grade mentally as to be incapable of profiting from instruction in Special Schools as they are generally organised at present.

Table (20) (2), (3) and (4), gives a summary of the ages, mental ratios, and educational attainments of the children in these two schools. It is unnecessary to discuss in detail the figures of these tables, which from a statistical standpoint are somewhat crude ; but we shall note some of the chief features :—

(i) The average mental age of this group of children is only 6·7, and the average mental ratio is 53 (Table 20 (2)). These figures indicate that the average child in these schools had poor mental endowments. The average mental age of even the oldest groups of pupils (aged 15 and 16) is below 8.

(ii) 84 of the 103 pupils have some educational attainments, but these are very low, the average educational age being 5·9 (Table 20 (3)). Twenty of these children are 15 or 16 years of age and are about to leave school, but even these have only the educational attainments of a child of $6\frac{1}{2}$, i.e. the attainments of a normal child in Grade iii in an Infants' School. It must be admitted that these are somewhat meagre attainments after seven or more years instruction in a Special School. Most of the children who could be said to have some educational attainments have Mental Ratios over 55.

(iii) 19 of the 103 pupils in these schools have no educational attainments : they cannot for example recognise letters or count four sticks. Most children of this group have Mental Ratios below 55 and the average Mental Ratio for the whole group is only 40 (Table 20 (3)).

(iv) There is a considerable range of Mental Ratios among these Special School children—the mean variation of the Mental Ratios for the whole group being as high as 10·2 (Table 20 (2)). It is obvious that in these two schools there are children who differ so greatly in mental endowment that from the point of view of educational provision they cannot possibly be regarded as belonging to the same group.

(v) Restricting our calculations to the average figures (Table 20 (3)) we find that the average Achievement Ratio of the group of children in these schools is 82 per cent. Previous investigators have cited still lower Achievement Ratios for mentally defective children generally, but our estimate leaves out of consideration the 19 pupils with no educational attainments.

(vi) An analysis of our data relating to boys and girls* separately shows that the average Mental Ratio of the boys is 55 and of the girls 51, thus indicating that the girls admitted to these Day Special Schools are of a somewhat lower grade mentally than the boys ; but the average educational age is much the same for both sexes. Of the 59 boys,

* This analysis is not included in the present set of tables.

13 have no educational attainments, whereas only 6 of the 44 girls are placed in this group: but this may be partly explained by the fact that the average age of the girls is higher than that of the boys (13·2 and 12·5 respectively). The tendency seems to be to admit boys to these schools at an earlier age than girls; there are 14 boys below the age of 11 whereas there are only two girls.

(ii) *Residential Special Schools.*—The numbers of feeble-minded children in residential Special Schools are almost negligible in five of the six areas. Only in the South-Western area had the Education Authorities—those for the County and for the large town—sent any appreciable number to a Residential School. We investigated the circumstances that induced the two Education Authorities of this area to place these particular children in a Residential School, and we agreed that all of them were rightly placed and could not have been dealt with adequately in a day school. The numbers sent by these two Authorities give some indication of the minimum residential accommodation required for feeble-minded children if Local Education Authorities fulfilled their duty towards these children. But even these figures are incomplete: there were altogether 94 feeble-minded children in this area who in our opinion should have been sent to a Residential School.

(c) *Private Schools.*

Table M. gives the numbers (estimated by the Directors of Education) of pupils between the age of 7 and 14 attending Elementary, Secondary and Private Schools in each of the investigated areas.

TABLE M.

	Pupils in attendance at			*Total.*
	Elementary Schools.	*Secondary Schools.*	*Private Schools.*	
Urban Area A ..	13,137	360	260	13,757
,, ,, B ..	10,687	819	171	11,677
,, ,, C ..	13,919	485	92	14,496
Rural Area D ..	9,311	302	200	9,813
,, ,, E ..	9,224	817	818	10,859
,, ,, F ..	10,102	910	246	11,258

It will be observed that the numbers attending Private Schools vary considerably. In five of the areas the numbers are small compared with the Elementary School populations, but in the South-Western area the Private School children form a not inconsiderable proportion (about 7 per cent.) of the total child population of the area as shown in Table M. In two of the urban areas the Local Education Authorities kept in close touch with the private schools, and in these areas the principals of the schools co-operated willingly with us in our investigation. In the other areas also no difficulty was experienced in the examination of the children in the larger

and more efficiently conducted private schools. But this cannot be said of the smaller day private schools in these areas; and we have good grounds for thinking that some of these schools had pupils who would have been of special interest in this inquiry. Every effort was made to secure a friendly reception at this latter group of private schools, but with little success. Some of the principals refused admission to us, whilst others would afford us no facilities for observing or examining their backward pupils. Therefore the figures given in Table 16 (A) must be regarded as incomplete. They give only the numbers found in the best private schools; and naturally these were low.

(d) *Industrial and Reformatory Schools.*

The total number of children sent to Industrial and Reformatory Schools from the six areas was only about forty. It was not possible to examine all these children as many of them had been sent to schools a considerable distance from their homes. Four Industrial Schools for boys were visited and all the children at these schools who came from the investigated areas were examined. Several of these boys were dull and much retarded educationally, but only four were sufficiently low grade intellectually or sufficiently abnormal temperamentally to be included in our figures as feeble-minded. Our data relating to the children sent to industrial and reformatory schools must however be regarded as incomplete.

(e) *Children dealt with by the Poor Law Authority.*

The feeble-minded children dealt with by the Poor Law Authority are a fairly large group. There were no fewer than 124 (Table 16 (A), categories (5), (6) and (7)) in the six areas investigated; and *pro rata* there would be about 5,400 feeble-minded children in the whole country, (in addition to more than 5,000* lower grade children) dealt with by the Poor Law Authorities. In one Rural District only were these children kept in any considerable numbers in the Poor Law Institution itself; and the Ministry of Health were urging the Guardians in this district to remove all these children from the Institution. There are good modern Cottage Homes for children in several of the investigated districts; but in others, more especially in the Eastern Counties area, the Guardians favour the system of boarding the children with foster parents.

Several elementary schools which received groups of Poor Law children from a Cottage Home in the district were visited, and it was interesting to have the Head and Class Teachers' opinions of the mental endowments and educational attainments of these children. The teachers were practically unanimous that the Poor Law children as a group were definitely below the average. A disproportionately large number of this group of children was presented

* Of these the Local M.D. Authorities would be financially responsible for some 2,500 under Section 37 of the Mental Deficiency Act.

for examination in the course of this investigation. Many of these had had the double handicap of poor mental inheritance and of unfavourable environment during the first few years of childhood. There is much practical and scientific interest in ascertaining the extent to which the effects of these initial handicaps are reduced after the child has spent a few years in the more favourable surroundings of the Cottage Home. We were assured by School Medical Officers and Teachers that the physical improvement of many of these children was most marked after but a short time in the Cottage Home: their mental improvement however does not seem to have been so obvious. Some of these Cottage Home cases who were the illegitimate children of feeble-minded women had been born at the Poor Law Institution, and had always been under the care of the Guardians; and therefore of these children we may say that their only handicap, if there was any, was that of poor mental inheritance, as the environmental conditions in many of the Cottage Homes were quite as good as those of the average working-class home. A study of this group of children would throw much light on the problem of the extent to which good nurture can compensate for poor endowment. In the present investigation we saw only the failures; and these were too few to enable us to form a reliable judgment on this somewhat complex problem; but as far as we were able to judge, this group of children who had been under the care of the Poor Law Authority from infancy were definitely inferior mentally to the average child.

In the Eastern Counties area the Guardians, as we have already said, boarded many children with foster parents. The general impression we received was that the feeble-minded child when boarded out did not fare as well as the corresponding child in the Cottage Home, although, generally speaking, the foster parents in this district were of a good type.

(f) *Charitable Homes.*

The number of mentally defective children we found in charitable homes was small; but probably our ascertainment was incomplete. The officers in charge of these homes are becoming more reluctant to receive or to retain feeble-minded children. There are large numbers of normal children to fill the vacancies in these homes; and it is but natural that these should receive preference as they can be trained to be completely self-supporting, whereas the feeble-minded children, many of whom will require permanent care, are left to be dealt with by the Statutory Authorities.

(g) *At Home* (*i.e., not attending School*).

About half of the children in this category were under seven years of age and too young to attend school. In the case of most of those over the age of seven there was some ailment such as extreme physical debility, epilepsy, paralysis, tuberculosis, etc.

which complicated the condition of feeble-mindedness. Some of these had their names on the school registers but attended school very infrequently. In a few cases of less pronounced defect we thought there was no adequate reason why the child should not regularly attend a day elementary school, where he would probably profit much by associating with other children.

(h) *Left School.*

Almost all the children in this category were those between the ages of 14 and 16. The names of most of these were given to us by Head Teachers on Form B.* : also a few in the urban areas were given by members of After-Care Committees and Juvenile Employment Officers. We wish there had been time to investigate more thoroughly the careers of the feeble-minded children during the first few years after leaving school. In the rural areas these children seem to find little difficulty in getting work on farms where they come under the direct supervision of older persons ; but as already indicated it is when these children attain an age when they are expected to work independently and to undertake some measure of responsibility that they fail. At the time of this investigation there was much unemployment in the urban areas, and perhaps it would be unfair to generalise from the fact that many of these feeble-minded boys and girls had been unable to find work although they had left school a year or more. Numbers of the boys we saw had secured some temporary work in a " blind-alley " occupation ; but the parents realised that the boys on reaching the age of 16, when health insurance payments would have to be made for them, would probably be supplanted by younger boys. Most of the girls in this group were helping at home, and several of the mothers expressed the wish that their daughters should receive a few years of training in special classes for this retarded type of girl before being sent to domestic service.

We were specially interested in the comments of the parents of some of these feeble-minded girls who lived in the large town in the Midland area. For many years a large number of the young girls in this town have been employed in a box factory ; but of late it has become increasingly difficult for the subnormal girl to get work there. We found that the employers had opened a school at the factory ; and all girls admitted were expected to spend six months on probation at this school before they were permanently employed. During this time each girl was judged from various standpoints—general intelligence, educational attainments, vocational fitness, temperament and character—and if she were deemed unsuitable on any of these grounds she was rejected. We were given to understand that the employers found the experiment a distinct success in securing the most efficient type of girl. Several of the retarded girls we interviewed were among the rejected, much to the disappointment of the

* Appendix C, page 231.

girls themselves and their parents. The rejection of a number of feeble-minded girls by these employers in a single town may not in itself be of much importance ; but if as is probable in the future employers in all parts of the country adopt similar methods of acquiring the best human material for their factories and workshops, this trend of events is of considerable significance to social workers interested in the economic welfare of the mentally defective and retarded child. As the industrial system becomes more highly organised, its methods more scientific and its choice of workers more discriminating, the group of young persons with subnormal mental endowments will inevitably tend to become an increasing burden to the country, unless some special arrangements are made to train them so that they can be absorbed into the general life of the industrial community.

(2) Lower Grade Children (Imbeciles and Idiots).

(a) *At Home.*

Table 16 (B) gives the location of the imbecile and idiot children at the time we made this inquiry. Two hundred and twelve, that is about 40 per cent. of these children, were at home, where with few exceptions they received no instruction or training other than that given by their parents or guardians. Some of these children were idiots and therefore capable of profiting but little from any training except perhaps in clean habits. A fair proportion of these lower grade defectives were in good average homes, and there were but few cases where the child could be said to be badly neglected. Nevertheless with very few exceptions it would be to the benefit of the defective children themselves, to the great relief of the mothers and much in the interest of the other children in the homes, if these lower grade defectives were sent to institutions where special provision was made for them. From three areas, Urban Areas A and B, and Rural Area E, an appreciable number of lower grade defectives had been sent to institutions. In proportion to its child population the area with the largest number at home was the Welsh area. Many of these imbeciles lived in farm houses situated in remote mountainous districts. The Mining area also had a large number of lower grade defective children at home. Some of these children had been to school for a short time, but they had been excluded as unsuitable for education in an ordinary school. In districts with a rapidly increasing population such as is found in parts of this Midland area, school accommodation is scarce, and it is but natural that the Education Authority and the teachers should discourage the attendance of obviously ineducable children.

(b) *Public Elementary Schools.*

The numbers of the lower grade defectives attending the ordinary Public Elementary Schools vary considerably in the six investigated areas. It is surprising that there are any lower grade children at the

Public Elementary Schools in Urban Areas A and B, as in each of these areas there is a Day Special School. In the former area three of the four imbeciles in the Elementary Schools attended only periodically : their parents were itinerant caravan folk who spent a few months each year at the large caravan settlement near one of the schools. The other child was about to be transferred to the Day Special School at the time of our visit. Six imbecile children were allowed to remain in the Public Elementary Schools of the Cotton Town because the Local Education Authority as already stated had under consideration a new scheme for dealing with mentally defective and retarded children.

There were fewer imbeciles in the Elementary Schools in the South-Western area than in either of the other two rural areas because the County Education Authority had sent a fairly large number to a local Residential School.

A special effort was made to ascertain the teachers' views concerning the attendance of these lower grade children at the ordinary Elementary School. Did the defective benefit in any way, and did its attendance prove detrimental to the other children? With few exceptions the teachers both in rural and in urban areas expressed the opinion that the lower grade mentally defective child received but little benefit and was a nuisance to the other children in the Elementary Schools. A few teachers however maintained that some of these lower grade children could, without detriment to the other children, be dealt with for a few years in the Kindergarten Class of a small rural school, though they could not be kept there after they reached the age of 10 or 11. Sooner or later most teachers found that the imbecile child became a real source of anxiety, and its presence in school proved detrimental to the other children. It is true that teachers were influenced more by the fear of what might happen than by anything that had happened ; but even so it was obvious that these imbecile children required considerable supervision, especially during the period of recreation.

(c) *Day and Residential Special Schools.*

The children in the two Day Special Schools in the investigated areas have already been discussed. At present it is only necessary to draw attention to the fact that 15 of the 56 children in one school and 17 of the 47 children in the other are imbeciles (Table 16 (B)). Many Institutions come under two categories of this table, namely, Residential Schools and Certified Institutions. If an imbecile child had been sent to one of these Institutions by the Local Education Authority he would be placed for the purpose of Table 16 (B) in the category of the Residential School (Category 2 (*b*)) ; but if he had been sent by the Local M.D. Authority or placed there by its parents or guardians he was included in the category of the Certified Institutions (Category (4)). In the Extra-metropolitan area and also in the South-Western area the Education

Authority seem to be magnanimously disposed towards the Local M.D. Authority, because there are a number of children in Residential Special Schools in both these areas who are undoubtedly of the imbecile grade, but for whom the Local Education Authorities remain financially responsible.

(d) *Private Schools.*

The incompleteness of our ascertainment in the Private Schools in some of the areas has already been mentioned. Had it been possible to secure the co-operation of the teachers in all these schools, the numbers in this category in Table 16 (B) would doubtless have been larger.

(e) *Certified Institutions.*

The numbers of children in Certified Institutions are small even in the South-Western area, the most progressive of the investigated areas. There can be no possible doubt that many imbecile and idiot children would be sent to Institutions and Colonies if there were accommodation for them. Even in the areas least progressive in mental deficiency work complaints were heard of the scarcity of institutional accommodation for these lower grade defective children ; and this dissatisfaction was naturally sublimated to the region of the Central Authority.

(f) *Epileptic Colonies and Mental Hospitals.*

The numbers in both these categories are very small. We probably saw all the children sent to Mental Hospitals from the investigated areas but this cannot be said of the children in Epileptic Colonies.

(g) *Poor Law Institutions.**

The only areas in which there were appreciable numbers of imbeciles and idiots in Poor Law Institutions were Urban Areas A and B. All the cases from the former area, with the exception of three, were however in large Institutions such as the Fountain, Darenth and Leavesden Mental Hospitals, which are, *inter alia*, also Certified Institutions under the Mental Deficiency Acts.

In the Poor Law Institution of the Cotton Town there were 18 lower grade defective children (Table 16 (B)). The Guardians were really desirous of having these children transferred to an institution for mental defectives, but owing to the great scarcity of accommodation they had been unable to secure their removal. Meanwhile the children were being cared for as satisfactorily as was possible in an ordinary Poor Law Institution ; but it must be admitted that they should have been removed by the Local M.D. Authority to a colony for the mentally defective.

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* *See* page 112 for explanation of the sub-classes of defectives in Poor Law Institutions.

Very few defectives of the lower grade were seen in Cottage Homes or Charitable Homes, or among children boarded out by the Poor Law Authorities. It is obvious that these defective children also should be sent to Certified Institutions without delay.

B. Age distribution of Mentally Defective Children.

The numbers of children in each age-group below the age of 16 are given in Table 17 (A). There are at least three features of the data in this table upon which some comment should be made.

(i) The differences between the totals for certain age-groups indicate some of the limitations of the present investigation in respect of children. The numbers of mentally defective children under 5 years of age are very small, partly because of difficulties of diagnosis, but mainly because few of these children attend school. The numbers of those between ages 5 and 8 are decidedly larger; but even these are considerably less than those for the age groups 9 to 13, in which group our ascertainment was most thorough and complete. There is again a considerable decrease in numbers in the two oldest groups (ages 14 and 15) as almost all the children of these ages had left school and were therefore less accessible.

(ii) Of the 2,091 feeble-minded children, 225 that is, approximately 11 per cent. of the whole group, were under 7 years of age. The corresponding figure for the lower grade defective children (imbeciles and idiots) is 19 per cent.; but although this indicates a better ascertainment of the younger children in this than in the feeble-minded group, it is clear that the ascertainment of younger children was still far from complete, because *pro rata* 45 per cent. of both the feeble-minded and of the lower grade children should be included in the first seven age-groups.

(iii) The relative number of boys and girls in the various age-groups is of interest. If we restrict our attention to the age-groups of the school period (5 to 14),—the groups in which the ascertainment was most complete—we find that in the age-groups 5 to 11 the numbers of the boys are decidedly higher than those of the girls, whereas those in the age-groups 12 to 14 are practically equal. The difference in the younger age-groups, as we have already stated, may be due partly to the tendency of teachers, especially those in mixed departments, to present fewer girls than boys for examination*; but we do not think this affected our data appreciably. A more probable explanation is the conclusion arrived at by previous investigators, namely, that girls develop mentally more quickly than boys during the first decade, and that the converse is true during the second decade

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* Ch. 3, page 65.

C. Mental ratios.

The mental ratio of 1,922 out of the 2,604 children ascertained to be mentally defective was determined in the course of this investigation—(Tables 18 (A) and (B)). Of the 682 children whose mental ratio was not determined 339 were lower grade defectives ; owing to the pressure of time we did not attempt to apply mental tests with any measure of thoroughness to children who were obviously imbeciles or idiots. The large majority of the 343 feeble-minded children whose mental ratio was not determined were boys and girls over fourteen who were seen at their homes. We were unable to secure facilities for the careful examination of children in this group, and we have accordingly included in our list of ascertained children only those who were obviously feeble-minded. It is indeed unlikely that any of these particular children had mental ratios higher than 60.

Table 18 (A) gives the distribution of mental ratios of children in the urban and rural areas investigated. The numbers in each group, as we should expect, increase as the mental ratios become higher. The highest number among our group of ascertained defective children corresponds to the range of mental ratios of 60–64. The numbers of children with higher mental ratios fall rapidly, because there were large numbers of children with mental ratios between 65 and 69 who, in our opinion, when all aspects of their behaviour were taken into consideration, could not be regarded as feeble-minded. The numbers in Table 18 (A) with mental ratios above 70 are comparatively small, and most of these children were included because they manifested temperamental abnormalities as well as sub-normal intellectual endowments.

The distribution of mental ratios indicated by the figures in Table 18 (A) suggests many problems of theoretical and scientific interest ; but we do not propose to discuss these at length in this Report. There are one or two features however that should be mentioned.

If the totals for the various groups of mental ratios up to that of 60–64 are compared, it is seen that the numbers increase rapidly ; but there are two marked jumps in our figures, namely, those between the groups 45–49 and 50–54, and between 55–59 and 60–64. It is generally recognised that the distribution of mental ratios among a large representative group of individuals is in accordance with the normal curve of distribution, and therefore we should not expect to find irregular jumps in our figures. The large difference between the numbers for the latter of the two groups just mentioned (55–59 and 60–64) is probably explained by the fact that there are 90 feeble-minded children (ages 7–14) whose mental ratios were not determined with sufficient accuracy to include them in the numbers given in the first portion of Table 18 (A) ; and an examination of our records of these children shows that practically all of these had mental ratios

in the neighbourhood of 55–59. The addition of this number to those given for this group of mental ratios makes the figures in this part of our table conform fairly closely to those of normal distribution.

The jump of the figures between the other groups (45–49 and 50–54) cannot be explained wholly by this factor. It is true there were 245 imbeciles whose mental ratios were not determined ; but comparatively few of these had mental ratios as high as 45–49, most of them being so low grade that their mental ratios must have been below 40. This cleavage between the numbers for these two groups, which corresponds to the borderline between the imbeciles and the feeble-minded, is to some extent in conformity with another feature of our data. The number of lower grade defectives (imbeciles and idiots) ascertained in the present investigation exceeds what would be anticipated from the normal curve of distribution of intelligence. This we attribute to the fact that the number of cases of lower grade defect caused by pathological conditions, e.g. cerebral hæmorrhages, syphilis, is larger than has been estimated hitherto. Thus the curve representing the distribution of intelligence becomes " skewed " at its lower end.

The numbers of boys and girls respectively in the various mental ratio groups do not call for much comment. The greatest difference between these numbers is in the highest groups 70–74 and 75 +. Many of these children were cases of moral or temperamental deficiency ; and our figures suggest that this type of defect manifests itself during early adolescence much more frequently among boys than girls ; but the numbers are admittedly rather small.

Table 18 (B) gives a distribution of mental ratios amongst the various age groups of children in the urban and rural areas. There are only two features of these figures that we need note at present. The first is the difference of distribution for the younger and older children. Among the younger children (ages 5 to 9) the largest groups are those with mental ratios between 65 and 69 whereas among the older children (ages 10–15) the largest groups are between 60 and 64. Had it been possible to determine the mental ratios of the boys and girls (mostly ages 14 and 15) who comprised the non-determined feeble-minded group (Table 18 (A)) probably the mental ratios of the majority of these would have been below 60, and this would increase the disparity between the younger and older groups of children. But although the average mental ratio of the older children is lower than that of the younger children the numbers of older children ascertained to be mentally defective were decidedly higher than those of the younger children. Therefore the figures in Table 18 (B) suggest that as the children who are included in this sub-normal group of the community get older their mental ratios fall. Previous investigators have already drawn attention to this feature of backward children ; but its real significance has not been fully appreciated. Moreover there are grounds for thinking that this is more especially a feature of retarded children. The mental

ratios of the majority of normal children remain fairly constant ; but those of retarded children begin to fall even as early as the age of 10. The explanation which is generally accepted of this feature is that mentally defective and retarded children reach the limit of development of their intelligence at an earlier age than normal children. If this be true, it should be borne in mind that the significance of any figure of mental ratio depends to a certain extent upon the age of the person. Thus a child of eight with a mental ratio of 50 may be, and probably is, a very different problem, psychologically, educationally, and administratively, from the child of fourteen with the same mental ratio. The younger child will probably be ineducable in the ordinary sense of the word, whereas the older child will undoubtedly have proved himself capable of making some progress with the ordinary subjects of the school curriculum.

The other feature of the figures in this table that should be noted is the difference between those for the urban and rural areas. The totals for the mental ratio groups 60–64 and 65–69 for the urban areas are practically equal, 220 and 213 ; but the corresponding totals for the rural areas are 398 and 250. These figures indicate that as far as mental ratios are concerned we adopted a more lenient standard in the rural than in the urban areas. We must confess that we were not aware of this at the time the inquiry was in progress ; but the disparity confirms to some extent our statement* that children were not judged to be feeble-minded solely on the scores made with mental tests. This difference between the urban and rural figures shows the necessity of further research of the problem in order to decide whether it is desirable to have a different standardisation of tests for urban and rural children or, indeed, whether it is not desirable to have different groups of standardised tests for children in these two types of area.

D. Mental and Educational Retardation of Feeble-minded Children in Public Elementary Schools.

The observations in the following paragraphs refer to a large group of the feeble-minded children (ages 7 to 14) in the Public Elementary Schools. We were unable to obtain the complete information necessary for Tables 19 (1 and (2) in respect of all the feeble-minded children in the Public Elementary Schools ; and this explains why the numbers in these tables are appreciably smaller than those in Table 16 (A). The numbers in this group are however sufficiently large to justify us in regarding the group as representative ; and so far as we have been able to judge there was no selective factor that would vitiate our conclusions from these data. We will limit our observations at present to some of the more important features relating to the mental and educational attainments of this group of children.

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* Ch. 2, page 52.

Tables 19 (1) and (2), which are complementary, give analyses of the mental and educational attainments of these children. Almost all the figures are averages and therefore are of a somewhat composite character. Table 19 (1) gives the figures in each of the six areas, and Table 19 (2) gives the same data classified according to age groups.

(1) Children with no Educational Attainments.

There were 244 children with no educational attainments whatsoever, a figure which represents, as nearly as we can calculate, about 17 per cent. of all the feeble-minded children between the ages of 7 and 14 in attendance at Public Elementary Schools. The figures in Table 19 (2) show that most of these were children with ages below ten. The Welsh area had the highest number of these children, partly no doubt because in the mountainous districts many children did not begin to attend school until the age of seven or later. The average mental ratio of the whole group is about 60, and this in itself suggests that many of these children were capable of making some progress at school if given proper facilities.

(2) Children with some Educational Attainments.

The figures in these tables which give the average mental and educational ratios confirm our belief that the standards applied in each area were fairly uniform, the average mental ratios varying only between 61 and 64, and the educational ratios between 55 and 57.

Table 19 (2) contains several interesting features. The average mental ratio for the age 9* group of children is 66, which gives an average mental age of 5·9; and a similar computation gives an average mental age of 8·3 for the children in the age 14 group. Thus during the period of at least five years the increase in mental age is not half that of the normal child. The educational ages lag behind to an even greater extent, because in the space of five years (ages 9–14) the increase is only from 5·4 to 7·3.† The fall in the average mental ratio as the age increases agrees with another feature previously mentioned, namely that the mental progress of the feeble-minded child when compared with that of the normal child decreases with increasing age; and the lag is still more pronounced in his educational attainments. The educational standard reached by the older children of this group (those aged 13 and 14) is also of special interest. It averages approximately that of a normal child of 7 years of age—that is, a child in Standard I of the Elementary School, who broadly speaking is capable of reading such words as "carry," "nurse," "terror," but fails with such words as "twisted," "belief,"

* The numbers for the age-groups 7 and 8 are too small to be reliable.

† These can be calculated from the two figures for Chronological Age and Educational Ratio.

"serious": and while able to give the number of half-penny stamps that could be bought for 9*d.* and to divide 2*s.* equally among 4 boys, is unable to calculate the fare to a town 36 miles away from his home if the charge is at the rate of 1*d.* a mile, or to add 99 and 60. Such meagre educational attainments can scarcely be said to be of much practical value to these children, especially when even these will be forgotten to a great extent during the first year after they leave school. Moreover it should be noted that the average Educational Age of the children aged 11 is about 6·3*, and that of the children aged 14 about 7·3*; therefore the advance in scholastic subjects made by this group of children during the last three years at school is only that which a normal child makes in one year. This suggests that these children have almost reached their limit of attainments in ordinary scholastic subjects.

The Head Teachers, it will be remembered, were requested to estimate on Forms A. and B. how many years each child was retarded educationally. Many Head Teachers for one reason or another did not furnish this information; and this explains to a great extent why the numbers of children included in Table 19 are less than those of feeble-minded children (ages 7+) given in Table 16 (A) in attendance at Public Elementary Schools. The average number of years of the educational retardation of the feeble-minded children in each age group as estimated from our records of the scores made by the children with the educational tests in reading and arithmetic is given in Table 19 (2). If the numbers thus obtained are compared with the corresponding numbers of the Head Teachers' estimates we find that for each age group the Head Teachers generally underestimated considerably the educational retardation of these children. If all the figures for the various age groups are taken into consideration the average educational retardation according to our data is 5 years, whereas the Head Teachers' estimate is 2·7: that is, the actual retardation is nearly double that estimated by the Head Teachers; and this is true also for each age group separately. It is only in recent years that reliable educational norms for children of various ages have been established, and comparatively few teachers as yet are conversant with them; but when these norms are more generally known, teachers will no doubt be able to form more accurate judgments of the variation in educational attainments among their pupils. When the true extent of the educational retardation of this group of school children is realised, it is probable that teachers and educationists will give more attention to the problems of the retarded child.

In view of the probable adoption in the near future of a systematic examination and educational survey of all children in the Public Elementary Schools when they reach the age of eleven,

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* These again can be calculated from the two figures for Chronological Age and Educational Ratio.

certain figures relating to a group of 91 mentally defective children of this age whose educational attainments in reading and arithmetic were less than that of a normal child of six may be of interest. Such meagre attainments in these two fundamental subjects after five or six years' attendance at school make it quite evident that it is a waste of the teachers' energy and not fair to the children to continue the attempt to educate them along the same lines as normal children.

The mental ratios of this group of children as shown in Table N give some indication of their innate capacities.

TABLE N.

Mental Ratios of 91 children aged 11 with Educational Age below 6.

Mental Ratio.	*Number of Boys.*	*Girls.*
Under 50	—	1
50–54	5	9
55–59	10	12
60–65	18	18
65–69	12	3
70+	1	2
	46	45

It will be seen that the mental ratios vary widely, the bulk falling between 55 and 69, but no fewer than 15 being under 55, and 3 over 70. If a mental ratio of 55 were taken as indicating the lower limit for admission to or retention in a school for retarded children, only 15 of these children would be excluded ; if a mental ratio of 60 were adopted 37 of the children would be excluded and 54 retained. These figures show the need of special provision in any future scheme of post-primary education for a considerable number of children who cannot make much progress in schools where the curriculum is largely of a scholastic character.

E. Physical Defects.

In the time at our disposal we found it impossible to make a careful physical examination of every mentally defective child. It is generally recognised that certain physical defects such as those of vision and hearing frequently cause educational if not mental retardation ; and therefore these defects received special attention in this investigation. A detailed physical examination was not made in all cases, but only if there was some clear indication that this was necessary or desirable. Therefore our data in respect of physical defects are incomplete ; so much so that we do not think it advisable to present them in tabular form, but merely to make some general remarks on some of their chief features.

Previous investigators have furnished figures which show that the incidence of physical defects among mentally defective and retarded children is decidedly higher than among normal children ;

and our data confirm this. There is undoubtedly considerable concentration of physical defects in this group of children, and no provision made for the training and education of these children can be regarded as satisfactory unless arrangements are made for constant and efficient medical supervision and treatment.

The proportion of mentally defective children with one or more physical defects was higher in the urban than the rural areas investigated, but the difference was not great. The incidences of physical defects were highest in the Cotton Town and the Mining area; but in the Extra-metropolitan area the incidence was even lower than those in the three rural areas, a fact which we naturally correlate with the better social conditions in this area.

The physical defects most frequently found among the mentally defective children were those generally associated with poor home conditions. Thus defects of growth and nutritive conditions—undersized stature, subnormal nutrition, and rickets, had the highest incidences. The mentally defective children in the Cotton Town and the Mining area were the worst in these respects, though the children in the three rural areas were not much better; but the figures for the Extra-metropolitan area were decidedly lower. Rickets and subnormal nutrition were most common among the children of the Cotton Town; and there were many children undersized for their age in the Mining area.

The sensory defects, especially those of vision and hearing, were more carefully investigated than most of the other physical defects. Table O gives the incidences of these in our group of mentally defective children; and for comparison we quote the percentage incidences of these defects among the general school population of England and Wales as returned by Local Education Authorities for the year 1926.

TABLE O.

Incidence of Defective Vision and Hearing.

	Per cent.	
	Mentally Defective Children.	*Normal Children.*
Blind	0·3	·04
Partially blind	1·7	·09
Deaf	0·7	·07
Partially deaf	3·5	·53

The standards of blindness and deafness adopted were those laid down in the Education Act for children who should be taught at Special Schools for the blind and deaf, and were thus the same as those upon which the returns of Local Education Authorities are based. The children we included in the category of the partially blind had much the same degree of defect as the children generally admitted to the myopic classes established in the large towns. The

" partially deaf " category contained children whose hearing was definitely impaired but who could be taught in a class with normal children provided they were placed near the teacher.

The figures in Table O show that the incidence of defects of vision and hearing is decidedly higher among the mentally defective than among normal children ; and there is no doubt that the converse is true, namely that the incidence of mental deficiency among the blind and deaf or those partially blind or partially deaf is appreciably higher than among normal children. Specially standardised tests* were applied to ascertain the intelligence of the blind and deaf children.

In the " defective vision " group were placed children whose vision with both eyes was 6/12 or worse but still not bad enough to be placed in the category of the " partially blind." The incidence of defective vision among the mentally defective children was 12·7 per cent. The figure given for the general school population is 9·02 ; but it is doubtful whether these figures can be compared because it is impossible to compare the standards applied.

Eye diseases, especially blepharitis and conjunctivitis, were fairly common among the mentally defective children, the incidence of these conditions being 6·2 per cent., whereas the corresponding figure for normal children is only 1·83. In many cases these defects were due to the poor and dirty conditions of the home. The condition of otorrhœa was found about twice as frequently among the mentally defective as among normal children.

On the other hand abnormal conditions of the nose and throat do not seem to have been much more common among the mentally defective group of children than among the general school population, being 6·0 per cent. as compared with 5·46 per cent. These conditions no doubt are factors that retard the child mentally and educationally, but the retardation is rarely so marked that the child can be regarded as mentally defective. Children with enlarged tonsils or nasal obstruction seem to be more retarded educationally than they are mentally ; this suggests that these physical defects affect more especially the child's power of continuous attention and application to class work.

Many of the mentally defective children had speech defects, the incidence being 11·3 per cent. The commonest articulatory defects were lalling, cluttering and lisping. There were also a fairly high proportion of stammerers and stutterers in our group of mentally defective children. The Cotton Town especially seems to have a fairly large number of these stammering children ; and we have already noted the frequency of mutism among the younger children in this area.

Signs and symptoms of neurosis were frequently encountered among the mentally defective group of children. One condition generally known as neurogenic chorea was much in evidence especially

* Appendix B, page 220.

in urban areas. The Extra-metropolitan area had the highest incidence for this condition, although as already stated it had a comparatively low incidence for most physical defects. Almost all the children in this area who suffered from this condition were eight years of age or older, that is children born during or before the war. The nervous condition of some of these children could be definitely traced to experiences of air-raids ; but it is well to bear in mind the danger of the *post hoc propter hoc* form of reasoning so natural when discussing such cases. Many of the children with choreiform movements were undoubtedly mild post-encephalitic cases.

The incidence of diplegia and hemiplegia was decidedly high, but it is not possible to give complete figures. Even of the feeble-minded children about five per cent. had one or other of these conditions, and the proportion among lower grade defectives was considerably higher. Many children in whom the paralysis was the sequel of an attack of anterior polio-myelitis were seen. As the lesion in this disease is most often only spinal and not cerebral, mental defect is not so frequently associated with this form of paralysis ; but even so, 2·6 per cent. of the mentally defective children were cases of anterior polio-myelitis. It is not without interest to note that the incidence of paralysis was highest among the mentally defective children in the Cotton Town, the area which, as we have already seen, also had the highest infant mortality*.

Head Teachers were requested to give on Form B the names of all children who suffered from epilepsy ; and all these children were examined individually. In the case of many of the children presented there was no conclusive evidence that the condition was one of true epilepsy. Another small group of these children, though definitely epileptic, showed no appreciable mental deterioration or retardation at the time of our examination and therefore were not included in our figures of the mentally defective. The incidence of epilepsy among the group of mentally defective children was decidedly high, amounting to 5·2 per cent. ; but as will be seen later, the incidence among adults was still higher.

Comparatively few severe cases were seen of encephalitis lethargica or meningitis. Many of the children who were presented to us because they manifested temperamental abnormalities were probably mild cases of these conditions which had not been diagnosed at the acute initial stages ; but in the absence of conclusive physical signs and of a definite history we did not include them in these categories.

Abnormalities of the ductless glands were diagnosed in 4·2 per cent. of the mentally defective children. The majority of these were cases of thyroid deficiency. We expected to find hypo-thyroidism more common in the Midland area than in the other areas ; but the numbers of definite cases among the group of mentally defective children were few. The reason for this was that in recent years the

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* Ch. 3, page 58.

public authorities had given much attention to the treatment of this condition. At the same time there were many children examined in this area who manifested the secondary features of hypo-thyroidism, such as myxœdematous appearance, dry coarse skin and a hoarse voice. In the six areas quite a number of children with abnormal pituitary condition of the Fröhlich syndrome type were examined and a good proportion of these were found to be feeble-minded.

II. ADULTS.

A. Location at the time of the investigation.

Table 16 (C) shows the location of the mentally defective adults ascertained in the course of this investigation. All the categories with the exception of the last relate to cases in institutions or charitable homes. Of the 2,730 adult defectives ascertained 1,546 or 57 per cent. were at home and the remaining 1,184 or 43 per cent. were in various institutions.

Table P gives the numbers of defectives in institutions and at home as rates per thousand of the total population in the urban and rural areas respectively.

TABLE P.

	Urban.			Rural.			All six areas.		
Location—	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Institutions ..	0·71	0·81	1·52	1·00	1·30	2·29	0·85	1·04	1·90
At Home.. ..	0·92	0·76	1·68	1·67	1·64	3·32	1·29	1·20	2·48
Totals	1·63	1·57	3·20	2·67	2·94	5·61	2·14	2·24	4·38

(a) *Adult Defectives in Institutions of all kinds.*

The average number per thousand population in institutions of all kinds for the six areas is 1·9; the average for the urban areas is 1·52 and for the rural areas 2·29. If these data are representative it is obvious that when estimating the institutional accommodation required, a higher index figure will have to be taken for the rural than for the urban areas. Our figures suggest that the institutional accommodation required for mentally defective persons from rural areas will be proportionately to the populations about 50 per cent. higher than that for urban areas.

A question of more than theoretical interest is whether the defective adult of the rural areas is likely to drift into an institution sooner than the defective in an urban area. A comparison of the incidences of adult defectives in institutions with the total incidences of all adult defectives (Table P) will give some guidance in this matter. We find that in the urban areas about 47 per cent. of all

the adult defectives are in institutions whereas in rural areas the percentage is 41. The difference is scarcely large enough to be regarded as significant, especially when it is remembered that the ascertainment of adult defectives living in the general community was probably less complete in the urban than in the rural areas. In passing we may note that the incidence of women defectives in institutions is about 23 per cent. higher than that of men defectives.

TABLE Q.

Adult Mental Patients in Institutions.

Incidence per 1,000 total Population.

Area.	*Mental defectives in Institutions.*	**Rate-aided Insane in County and Borough Mental Hospitals.*
Urban Area A ..	1·49	2·32
,, ,, B ..	1·66	2·39
,, ,, C ..	1·44	1·31
Rural Area D ..	2·33	2·82
,, ,, E ..	2·91	2·82
,, ,, F ..	1·64	1·89

There are marked differences between the numbers of mentally defective adults from each of the six investigated areas in various institutions. This is clearly shown by the figures in Table Q. The first column of figures gives the number per 1,000 total population of mentally defective adults in various institutions calculated from the figures in Table 16 (C). The figures in the second column give the numbers per 1,000 population (Jan. 1926) of rate-aided insane persons in County and Borough Mental Hospitals from the *administrative*† areas in which the areas we investigated were situated. There is a general correspondence between these two columns of figures; and they indicate that the total numbers of "mental" patients of all kinds in institutions are decidedly lower in the Mining and the Welsh areas than in the other areas. These local variations should receive some consideration when estimating the institutional accommodation likely to be required for the mentally defective by various local authorities, and further investigation of these local variations would be most helpful and interesting.

Of the three urban areas, the Midland area has the lowest incidence of adult defectives in institutions, the Extra-metropolitan area comes next, and the Cotton Town has the highest (Table Q). In the Midland area, as we have already stated,‡ the

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* These incidences are based upon figures which include a negligible number of children.

†Thus the figures relate to the whole County Boroughs of Urban Areas A and B, and to the whole administrative counties of the Midland, Eastern Counties and South-Western areas, and the two Welsh counties which formed the Welsh area.

‡ Ch. 1, page 8.

population of the colliery districts had increased rapidly in recent years ; and in such areas there is generally a scarcity of institutional accommodation. This is also true of the Extra-metropolitan area, although the figures for the rate-aided insane in Mental Hospitals in this area show that the Local Authority had made fairly adequate provision for these patients. Moreover it is possible that another fact also previously mentioned,* namely the "young" populations in these two urban areas, accounts to some extent for the lower numbers of mentally defective adults in institutions.

The urban area with the highest incidence is the Cotton Town. This confirms to some extent the importance of a factor noted on several occasions when visiting the homes in this area, namely that in many families the women work at the mills, with the result that there is no one left at home during the day-time to supervise the mental defective. One afternoon we had arranged to visit about a dozen homes of defectives we had seen in various institutions. With the exception of two or three cases there was no one in the home ; and we were told by neighbours that the parents or relatives were at the mills. It is not unreasonable to connect the two facts—the presence of these defectives at institutions, and that all at the home were wage-earners ; and this surmise is supported by the fact that in other homes in this area we were urged by parents or guardians of mentally defective adults to find vacancies for them at institutions because the constant care and supervision required by the defective kept the mother or sister away from the mill. Therefore here we have another factor in local conditions that may affect considerably the amount of the institutional accommodation required for mentally defective adults.

Of the three rural areas, the highest incidence of institutional cases is in the South-Western area ; and these figures are some indication of what a progressive Local M.D. Authority with an expert Medical Officer for Mental Deficiency and an active Voluntary Association for Mental Welfare can accomplish. At the time of this inquiry the Local Authority had under consideration a scheme for increasing the institutional accommodation considerably although the mentally defective adults and children from the investigated areas already provided for by this Authority in various institutions amounted to 1·18 per thousand of the total population.

We are inclined to think that the comparatively low number in institutions in the Welsh area is to be attributed to a marked feeling in this particular community against institutional treatment of any kind. Such institutions as the Poor Law Institutions and the Mental Hospitals are regarded with considerable antipathy in this part of the country ; and it would be of interest to investigate why this feeling should be so marked in certain areas. Undoubtedly there were several mentally defective persons in the Welsh area so

* Ch. 1.

neglected that they should have been sent to a colony or institution. Notwithstanding however the low numbers in institutions, the numbers of mentally defective adults whom we considered in urgent need of institutional treatment in this area were somewhat smaller than those for the other two rural areas.*

(b) *Institutions for the Mentally Defective.*

The "Mental Defective Institutions" included in category (1) of Table 16 (C) were Certified Institutions, Certified Houses and Approved Homes under the Mental Deficiency Act. The total number of defective adults in these institutions from the six investigated areas was 143; and we calculate after allowing for the different incidences in urban and rural areas that this is equivalent to a mean incidence of ·20 per thousand population for England and Wales. If the numbers sent to Mental Defective Institutions from these investigated areas are representative of those sent from all other areas in the country, as we have reason to believe they are,† we estimate that the total number of adult defectives dealt with under the Mental Deficiency Act in these particular institutions is about 8,000.

These were the institutions to which it was intended by the Mental Deficiency Act that all adult defectives dealt with under this Act should be sent; and yet of the 1,184 adults from the investigated areas whom we ascertained in various institutions, only 156 (including for the moment the 13 defectives in the State Institutions) were in these particular institutions; that is only about 13 per cent. It is true that largely owing to the restrictions imposed by war conditions, Local Authorities have been obliged to make use of accommodation available in Section 37 Poor Law Institutions; but even if the numbers in these are added, the total numbers of mentally defective adults in the institutions certified under the Mental Deficiency Act are only 249 of the whole group in various institutions. A much larger number of the defective adults were found in Poor Law Institutions as pauper inmates, only one-third of these being detained under certificate (Section 24 Lunacy Act); and another group, also larger than that dealt with under the Mental Deficiency Act, was found in Mental Hospitals.

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* *See* Ch. 5.

† If we take the figures for the six investigated areas as a basis for estimating the total number of mentally defective persons of all ages and grades in all types of institutions certified under the Mental Deficiency Act we calculate that there are ·52 persons per thousand population in these institutions, and this yields an estimate of about 21,000 in England and Wales. The figures given in the Board of Control's Report for 1927 is 20,429. Therefore the investigated areas were very representative of the whole country in this respect. The total number of defectives of all ages in Certified Institutions, Certified Houses and Approved Homes is given in that Report as 14,834, but no distinction is there made between children and adults.

These facts show what little progress has been made in providing suitable accommodation for mentally defective adults since the Mental Deficiency Act was passed in 1913. The outbreak of war a few months after the Act came into force made it impossible for the Local Authorities to fulfil their duties in this respect, with the result that the arrears now present a formidable task.

(c) *State Institution.*

There were only 13 patients from the investigated areas at the State Institution at Rampton which receives patients with dangerous or violent propensities. On this basis there should be in the whole country about 700 such patients, whereas the total at the present time at Rampton and an ancillary institution at Warwick is about 650. The number of this type of defective sent to the State Institution from the investigated areas is so small that it cannot be regarded as a reliable basis for generalisation ; but the estimate we make shows that the areas had contributed their quota of these cases.

(d) *Poor Law Institutions.*

It is generally recognised that the problem of the mentally defective adult is closely bound up with that of the Poor Law administration. The figures presented in Table 16 (C) make it quite evident that the majority of mentally defective persons ascertained in various institutions were dealt with by the Poor Law Authorities. Even in the South-Western area, where there is a progressive Mental Deficiency Authority, many more mentally defective persons are dealt with by the Poor Law Guardians than by that Authority.

The numbers of mentally defective adults in the Poor Law Institutions were 250 males and 346 females, making a total of 596 (Table 16 (C)). The numbers in all institutions were 534 males and 650 females, a total of 1,184. Therefore about 50 per cent. of the mentally defective adults ascertained in all kinds of institution were at the time of this inquiry in Poor Law Institutions. It is, however, relevant to point out that about one-fifth of this group of adult defectives had been sent to Section 37 Poor Law Institutions by the Local M.D. Authorities who were financially responsible for these cases. Of the group of defective adults in various institutions only 24 per cent. were dealt with under the Mental Deficiency Act ; 40 per cent. were in Poor Law Institutions and maintained by the Poor Law Authority ; 32 per cent. were in Mental Hospitals ; and the remaining 4 per cent. in other kinds of institutions (Table 16 (C)).

The numbers of mentally defective adults in Poor Law Institutions are divided into three groups :

(1) Section 37 cases ;

(2) Section 24 cases ;

(3) Non-certified cases.

The Section 37 cases as we have already noted are those in Poor Law Institutions specially certified by the Board of Control to receive defectives dealt with under the Mental Deficiency Act. The Guardians responsible for institutions in this category are expected to arrange training facilities for the mental defectives. The patients are dealt with primarily as mental defectives and not as paupers; and in some of the large institutions in this category no ordinary pauper inmates are received. It must be admitted however that in the smaller institutions where certified mental defectives associate with the ordinary paupers the conditions are far from satisfactory and the provision made for training the younger defectives is insufficient.

The total number of mental defectives in this category is 129 (Table 16 (C)), that is about 22 per cent. of all the defectives in the Poor Law Institutions; but the majority of these are in the Eastern Counties and the South-Western areas.

The Section 24 cases are those detained in Poor Law Institutions under Section 24 of the Lunacy Act 1890. Under this Section insane and mentally defective persons can be detained at the Poor Law Institution, but they are detained as pauper patients and at the expense of the Poor Law Authority. Obviously, the only patients of this group included in our figures given in Table 16 (C) are the amentia cases: cases who were merely suffering from dementia or psychotic conditions were excluded. The number of mental defectives in the investigated areas certified under Section 24 of the Lunacy Acts is 152—approximately 26 per cent. of all the defectives in the Poor Law Institutions.

The non-certified group included cases found in the Poor Law Institutions who though mentally defective were not detained under any certificate. Although free to take their discharge, considerable numbers of these remain in the Poor Law Institutions for many years—some for even forty or more years. A large number however had been in and out of the institutions several times; and the records of many of these "in-and-out" cases make sad comment upon the method or lack of method of dealing with them. All persons concerned with Poor Law Authorities know only too well the feeble-minded young woman, often unmarried, who comes periodically to the maternity ward of the institutions, and the feeble-minded man who seeks admission for the winter months and goes out for the summer to return a few months later in a destitute and filthy condition.

The total number of certified cases in Poor Law Institutions is 281 and that of uncertified cases 315, that is 48 per cent. and 52 per cent. respectively. Therefore although about a half of the institutional cases are in ordinary Poor Law Institutions, most of these are dealt with not as mental defectives, but as paupers.

Of the three urban areas there is a slightly higher number of cases in the Cotton Town Poor Law Institution than in those of the two other urban areas, but the difference is not great. This

town has also a relatively higher number of mentally defective persons in other institutions. We have already expressed the opinion that this is due to the fact that many of the women in this town work in the mills ; the relatives in these circumstances are more anxious to send the defectives to an institution than when there is someone constantly at home.

Amongst the rural areas the South-Western area has the largest number of adult defectives in Poor Law Institutions. Fifteen of the men and twenty-seven of the women in this area are placed in Section 37 Poor Law Institutions, and are therefore under the jurisdiction of the Local M.D. Authority. The numbers in the Poor Law Institutions in the Eastern Counties and the Welsh areas would probably have been higher had these institutions been visited during the winter and not the summer months when the number of inmates is lowest. The comparatively low figure in the Welsh area is also explained by the numbers in receipt of out-door relief in this area (Table 23 (B)). Obviously the policy adopted by the Guardians in the Welsh area is to give the mentally defective persons outdoor relief and to admit as few as possible of them to the Institutions.

The preponderance of the female over the male defective patients admitted to Poor Law Institutions is not unexpected. There were 250 males and 346 females ascertained in Poor Law Institutions, that is 38 per cent. more females than males. There are obvious reasons why more women than men should go to the Poor Law Institutions, and why the women should remain there longer. Considerable numbers of unmarried pregnant women are admitted to the maternity ward and remain in the institution, some for months and others for years, until they are able to make the necessary arrangements to take their children with them. Poor Law Authorities and their officers have had long experience of the dangers of allowing the unmarried feeble-minded woman to leave the institution. It is almost certain that sooner or later she will return pregnant ; and it is in the best interests of the individual patient and of the community that she should be detained at the institution under certificate.

(e) *Mental Hospitals.*

The best indication of the type of patient included in this category will be given by quoting from the circular letter sent to Medical Superintendents of the Mental Hospitals previous to our visit. They were requested in this letter to prepare a list of names of patients belonging to the following three groups who came from the investigated areas and who were at that time patients in the Mental Hospital :—

(1) Persons certified as congenital mental defectives.

(2) Persons suffering from epilepsy with a history of fits from childhood.

(3) Persons suffering from primary dementia (or dementia praecox) whose history indicated subnormal intelligence in childhood.

The fact that these lists were prepared by the Medical Superintendents and their staffs makes it unlikely that any cases of persons suffering from insanity only are included in our records. Notwithstanding the care taken in this preliminary selection of cases, a number of patients were presented to us, more especially of the second and third categories, whom we did not feel justified in including among our numbers of mental defectives, either because there was no conclusive evidence of early history* or because the standards adopted in this inquiry did not apply to them. Had there been time to make more thorough investigations of many of these patients and to collect information from relatives and friends the numbers in the category of mental hospitals would probably have been larger.

The number of defective adults from the investigated areas in the Mental Hospitals was 381, that is about 14 per cent. of all the adult defectives ascertained. The incidence of this group for the three urban areas was ·51, and that for the three rural areas ·72 per 1,000 population, which figures enable us to conclude that the mean incidence for England and Wales is about ·55 per 1,000 population. Applying this estimate to the total population of the country, we calculate that there are about 21,600 mentally defective adults in mental hospitals; and this number is about 18 per cent. of the total number of patients† in these hospitals.

The two areas with the highest numbers of defective adults in mental hospitals were the South-Western and Eastern Counties areas, whereas the Midland, Welsh and the Cotton Town areas had the lowest numbers. It is doubtful whether the ascertainments in the Cotton Town in this respect are as complete as those in other areas, because the patients from this town were distributed in four large institutions and this made a complete ascertainment more difficult.

The relation between insanity and mental deficiency is a problem that scarcely comes within the scope of this inquiry but a few observations about the group of primary dementia cases may be of some interest, although they contain little if anything that is new.

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* Throughout this investigation we interpreted the phrase "from an early age" in the definitions of the Mental Deficiency Act, 1913, in the broad sense of any age below sixteen: and this corresponds closely to the interpretation given in the Act of 1927.

† The Board of Control Report for 1927 gives this number as 118,329.

A considerable number of the primary dementia patients we examined would be best described as cases of simple or early dementia. The majority of these were first admitted to the Mental Hospital between the ages of 20 and 40. The medical records showed that most of them when admitted were in a stuporous condition. The relatives in many cases complained that the patients were extremely lazy, that they refused to do any work, and would stay in bed all day. Some of them had become dirty in their habits and seemed to have lost all interest in their home surroundings. In a number of cases, but by no means the majority, there was a history of hallucinations or delusions ; but these had been more or less transitory in character. Comparatively few of them were of the extremely negative type, and very few of them manifested any marked katatonic features : the condition of most of them resembled more that of the depressed hebephrenic type. As a group they gave very little trouble to the nurses, and tasks within their powers they did in a mechanical way. They seldom complained or agitated for their discharge and apparently remained in the Mental Hospital quite content for many years. Combinations of physical stigmata, such as microcephaly, macrocephaly, epicanthus and malformed ears, which are not infrequently the signs of a degenerate stock, were very common in this group of patients. Their school records when obtainable, or the testimony of their relatives, showed that as children they were backward, mentally and educationally ; and they belonged mostly to the group of children that failed to get beyond the Standard IV level.

For a number of these primary dementia cases we were able to get a fairly complete story of their lives ; and the histories of many of them were very similar. The patient had left school at the age of 14, having reached the level of Standard IV, and had taken a situation demanding but little skill or intelligence, such as that of a labourer on a farm, a " reacher " in a mill, or some menial work in the house. Very often the patient had been tried in several situations ; and his employers had complained of his inefficiency, forgetfulness, or laziness. Most employers regarded this type of boy, notwithstanding his failure, as normal, and expected him to do the work of a normal youth. When he failed he was not infrequently treated sternly, with the inevitable result that he became still less efficient. Generally he adopted an attitude characteristic of the introverted type of individual—an attitude which the average employer or relative attributes to obstinacy or laziness. Sooner or later the patient manifested some mild form of delusion, and was then sent to a Mental Hospital where the supervening psychotic condition soon cleared up, and he was recognised probably for the first time to be what he really was, namely a feeble-minded person. Unfortunately, as the result of his unhappy experiences, due to the failure of parents and employers to understand his case, he was by this time a decidedly impaired person socially and economically, and all too frequently became a permanent burden upon the community.

Such records as this indicate that many of the primary dementia cases are really cases of primary amentia with a mild psychotic condition supervening as a secondary feature. This however is the converse of the suggestion made by Kraepelin that feeble-minded persons are really congenital primary dementia cases ("dementia praecox" is the term he applied) with dementia as a prominent symptom. The view of several medical men, with whom we discussed this matter, and who had a thorough knowledge and wide experience of both the mentally defective and the primary dementia cases, is worthy of consideration. They maintain that when successive generations of families showing inherited degeneracy are studied, primary dementia (or dementia praecox) is often found to be the forerunner of amentia; whereas in the life of the individual amentia is the forerunner of primary dementia. Further research is required to elucidate the relation between these two conditions; and all we can do at present is to emphasise that a close relation exists.

The case of a young girl of fourteen brought home to us very forcibly some of the deplorable results of the failure to recognise the mental limitations of the retarded children who leave our schools. We saw this child in one of the Poor Law Institutions. Her earlier responses to our questions gave the impression that she was an imbecile. At first she could not answer simple questions which we would expect a normal five year old child to answer correctly, but her responses improved when we had gained her confidence. Her general demeanour, her excessive timidity and her very tremulous state indicated that she was in a highly nervous condition; and that she should have been sent not to a Poor Law Institution but to a Mental Hospital. She had been brought to the Institution about two months previously from a farm house where she had been in service about three months. There was the usual story of laziness, of remaining in bed for days in a stuporous condition and of dirty habits. A short time after we saw this girl we visited the Elementary School which she had left only five months previously. The Head Teacher said the child was illegitimate, and had been boarded out from an early age with a very kind foster mother in that village. The girl had been able to reach Standard III level at the age of fourteen. She was described as a dull but happy child, and easy-going in every way when at school. When the child became fourteen years of age the Guardians decided to place her in service. The Head Teacher, on hearing this, remarked to the Poor Law Visitor, that the child would require patient training. The Visitor replied that she would be placed under the charge of a capable farmer's wife who would give her efficient training and would "waken her up." The farmer's wife, according to a description we received of her, was a good example of the extravert type,—domineering, but by no means unkind, and most insistent upon getting things done: a very valuable person in many

spheres of life. But when the extravert has to deal with frail human material like this particular child, the result is likely to be disastrous. At any rate the description given by the Head Teacher of the child when she left the school was that of some one very different from the patient we saw five months later at the Poor Law Institution.

(f) *Epileptic Colonies.*

The number given in Table 16 (C) of mentally defective adults at Epileptic Institutions is obviously too low. The only Epileptic Colony visited was in the north of England, which nominally receives sane epileptics only. Not unnaturally many of the epileptic patients themselves and those responsible for their care resent the suggestion that any of the patients in these institutions should be regarded as mentally defective. There are undoubtedly many persons with normal ability and some with high intellectual attainments who periodically have epileptic fits; but if a person has been subject to severe fits from childhood it is probable that when he becomes an adult there will be permanent impairment of mental powers, and often the impairment is of such a degree as to make him so inefficient socially as to be mentally defective.

(g) *Prisons and Reformatory Schools.*

The ascertainment in these two categories also was certainly incomplete. In each of the investigated areas the Chief Constable or one of his staff was asked to look through the records of the criminals sent to prison from his area and to forward the names of those who were thought to be mentally defective; but in most areas few names were given. Four prisons where we were most likely to find mental defective prisoners from the investigated areas were visited, and every facility was afforded us. Most of those whom we saw were of a poor type intellectually, and several of them volunteered the remark that they were no scholars; but as a group they belonged to the dull and backward rather than to the mentally defective type. Almost all the prisoners we examined had been in prison several months and some of them were recidivists who had served many terms of imprisonment. The mental apathy of many of these cases was so pronounced that it was very difficult to assess their native ability; and it was almost impossible in the course of one visit to say how much of their apathy and blankness of mind could be attributed to the conditions of prison life.

Two Reformatory Schools also were visited, and although several of the boys over sixteen years of age seemed to be very unstable temperamentally we were not able to gain sufficient evidence to justify their inclusion in our group of mental defectives. Our figures are therefore quite inadequate to enable any opinion or conclusion to be formed as to the incidence of mental deficiency amongst persons with criminal tendencies.

(h) *Charitable Homes.*

The ascertainment of mentally defective persons in Charitable Homes entailed a great deal of work with but meagre results. Most of the Charitable Homes we visited were for young women who had failed socially or economically. Several of the Superintendents or Matrons recognised that the majority of the girls who were admitted to their Homes were of low intelligence or very unstable temperamentally. Practically all were borderline cases; and they exemplified the many and difficult marginal problems of mental deficiency. The young men or women found in these Homes had failed economically and socially; and the failure in many cases could be attributed to the fact that they had suffered from the double handicap of unfavourable environmental conditions during childhood and poor mental endowment.

The numbers of mentally defective adults ascertained in the Charitable Homes were so small that they call for but little comment. Probably the numbers of the lower grade of mentally defective girls in these Homes are fewer at present than they were twenty years ago. Many of these Homes have to economise to the utmost because the voluntary subscriptions on which they depend have decreased considerably in recent years. Only in some of the older and better endowed Charitable Homes did we see the lower grade feeble-minded type of girl who could not be trained to take a situation in domestic service; but even in these Homes we were told their funds do not enable them as in years gone by to keep a large number of the lower grade of feeble-minded girls. Therefore it appears that in future Local M.D. Authorities will have to deal with larger numbers of young mentally defective persons of the type that has hitherto been cared for in Charitable Homes.

(i) *At Home.*

About one-half of all the ascertained adult defectives were found among the general community. The percentages differ in urban and rural areas, being about 50 and 60 per cent. respectively which shows that the proportion of defectives in this group is higher in the rural than in the urban areas; and this we attribute chiefly to the fact that the ascertainment of defectives living in the general community was relatively easier in the country districts than in the towns. The area with the lowest number in this category is the Extra-metropolitan area, and this is probably due to incomplete ascertainment of the cases living in the general community in this area, and this in turn is to be attributed to the lack of social cohesiveness so characteristic of suburban districts. The highest number was in the Welsh area, and a considerable proportion of these were in receipt of outdoor relief.

B. Age distribution of mentally defective Adults.

Table 17 (B) gives the number of defectives in various age-groups in each of the investigated areas. Certain features of the figures in this table are of interest.

(i) The percentages in the last column suggest that the mentally defective adult has a decidedly shorter span of life than the normal person. This is more clearly shown by the comparison of the figures given in Table R (1).

TABLE R (1).

Percentage of adults in various age groups.

	Ages.					
	16–20.	21–29.	30–39.	40–49.	50–59.	60+.
General Population of England and Wales	12·9	20·5	20·8	18·8	13·7	13·4
Mental defectives in the investigated areas	22·7	25·3	18·9	16·2	10·7	6·2

The percentages in this table relate only to adult defectives. The higher mortality rate of the mentally defective would probably be better exemplified if we were able to give comparable figures for all ages beginning with the age-group 0–5. We are unable to do this because the standards of feeble-mindedness were different for children and adults* ; and moreover our ascertainment among children was more exhaustive than it was among adults. Notwithstanding this latter fact, it is of interest to compare the numbers of lower grade defectives (i.e. imbeciles and idiots) of the various age-groups beginning with that of 6–10†. This is shown in the following table :—

TABLE R (2).

Age-group.	6–10.	11–15.	16–20.	21–29.	30–39.	40–49.	50–59.	60+.
Lower grade defectives ..	203	248	146	182	137	100	54	28

The first three age-groups are quinquennial periods, the others being decennial, except 21–29 which consists of only nine years. The number of the age-group 11–15 is higher than that of 6–10, simply because the children of the former age-group were more thoroughly investigated.

* Ch. 2, page 51.

† The ascertainment among children ages 0–5 was so incomplete that the numbers are quite unreliable.

The large decrease in the numbers of the age-group 16–20 is also partly due to this factor ; but we do not think this accounts for much of this particular decrease. It is due chiefly to the fact that large numbers of the lower grade defectives die during this quinquennial period. The vital statistics of mental defective institutions with large numbers of lower grade defectives show quite clearly a high mortality rate among defectives of these ages. The decrease in the next age-group 21–29 (which is a nine-year period) is also considerable but not so large as that from the 11–15 to 16–20 age-groups. There is a steady decrease in the numbers as we proceed to the higher age-group, but the fall in the numbers of the age-groups 30–39 and 40–49 is scarcely as large as we had expected ; this suggests that if an imbecile or idiot survives the first twenty years he has a reasonable chance of living to the age of fifty. There is but little doubt that better medical care and improved hygienic conditions have increased the longevity of the lower grade defectives.

(ii) Only in the youngest age-group of Table 17 (B) (16–20) are the numbers of males larger than those of females. The preponderance of the female defectives with increasing age is in accordance with the relative proportions of the sex in the general population of the country as a whole. This however can scarcely account for the difference in the numbers of the first two age-groups (16–20 and 21–29) : in the first of these age-groups the males outnumber the females by 43, while in the second the females outnumber the males by exactly the same number. This difference is due to an increase in the number of females ascertained between the ages of 21 and 29, the number of males of the age-group 21–29 being much the same as that of the age-group 16–20. One probable explanation of this increase is that between the ages of 21 and 29 large numbers of feeble-minded women fail socially, or get into such serious trouble that they come to the knowledge of a Public Authority. Up to the age of 21 many of these girls receive some measure of supervision from parents or guardians, but after they reach this age the supervision is often relaxed. Our data seem to show that generally speaking the feeble-minded woman fails at an earlier age than the man of corresponding mental grade.

(iii) The numbers of men and women are approximately equal in the age-group 40–49. In the course of our investigation there was much evidence that this is a decade in which many of the feeble-minded men fail economically, and thus become financial burdens upon their families or public

funds. Their failure in many cases can often be attributed to the early senility so characteristic of mentally defective persons.

(iv) The figures for the three urban areas conform in some respects with the age distribution of the general population in these areas.* Thus there are larger numbers in the older age-groups in the Cotton Town than in the two other areas, where there were comparatively "young" populations.

(v) The relatively high numbers in the younger age-groups (16–20 and 21–29) in the South-Western area are no doubt due to the very close co-operation between the Education Authority and the Local M.D. Authority in this area.

(vi) The distribution of numbers in the various age-groups for the Welsh area is of special interest: they do not decrease with increasing age to the same degree as those in the other areas. This is partly due to the fact that the general population in the Welsh area contains a comparatively large proportion of older people; one of the Welsh counties which were investigated has according to the 1921 Census one of the "oldest" populations of all the counties of England and Wales. The large number of older defectives ascertained in the Welsh area is to some extent attributable also to the fact that we were able to get much information of the early history of the older people brought to our notice in this area, whereas in other areas we were unable to include in our ascertainment a certain number of persons because this information was not obtained. The relatively low numbers in the Welsh area in the age-group 16–20 is no doubt explained by the fact that many of the feeble-minded boys and girls had left the district to work in mining and industrial areas.

Relative longevity of higher and lower grade defectives.

Tables 17 (D) and (E) were prepared to obtain data concerning the longevity of higher and lower grade adult defectives in urban and rural areas. The defectives are divided into two age groups only —those under and those over 40 years of age. The grades of defect are also reduced to two—the feeble-minded and the lower grade defectives (imbeciles and idiots). The ratios in column (*c*) of Table 17 (E) enable us to compare readily the longevity of each group—the higher this figure, the greater the longevity.

The last group of figures in column (*c*) of Table 17 (E) may be regarded as standard indices of the longevity of the general population in all urban areas (·82), rural areas (·94) and in the whole of England and Wales (·85). The rural population has a higher index than the

* Appendix A, Table 2.

urban ; that is, it has a larger proportion of older adults than the urban population. The figures in Column (*c*) relating to the groups of the mentally defective are decidedly smaller, and this shows that the mental defectives die at a much younger age than normal persons. In the general population 46 per cent. of adults are over 40 years of age, as compared with only 33 per cent. of the mentally defective group. The longevity of the lower grade is less than that of the higher grade defectives, as is indicated by the fact that of the feeble-minded adults 35 per cent. are over 40 years of age, whereas the corresponding figure for the lower grade defectives is 28 per cent.

The most striking feature of Table 17 (E) is the disparity between the figures for the urban and rural areas. Only 25 per cent. of the mentally defective adults in urban areas were over 40 years of age, whereas there were 38 per cent. in rural areas over this age. In fact the percentage of older lower grade defectives in the rural areas is higher than that of the older feeble-minded in the urban areas. That the figures in Table 17 (E) indicating the greater longevity of the mentally defective in rural than urban areas are not chance products of a mass of contradictory figures, is shown by a comparison of the figures for each age group in Table 16 (C). The following table (Table S) enables us to judge the extent to which the numbers of the feeble-minded and lower grade defectives in each age group in the rural areas exceed those in the corresponding group in the urban areas. Thus for the age-group 16–20, the number of feeble-minded for the rural areas exceeded that for the urban areas by 20 per cent.

TABLE S.

	16–20	21–29	30–39	40–49	50–59	60+
Feeble-minded	20%	29%	65%	144%	158%	218%
Lower grade defectives (Imbeciles and Idiots)	39%	36%	74%	86%	250%	360%

No importance should be attached to the large percentages for the older age-groups of lower grade defectives because the numbers upon which these were based are small. With one exception, that of the lower grade group ages 21–29, these percentages increase as the ages become higher ; this means that the older the group of persons examined the greater was the disparity between the numbers in the urban and rural areas. Therefore the higher incidence of mental defect among adults in rural than in urban areas is due to a great extent to the larger number of older defectives in rural areas.

There is one obvious explanation of the relatively larger numbers of older defectives in the three rural areas than in the three urban areas. Table 2 shows that the percentage of persons in the general population in the older age-groups is decidedly higher in the rural than in the urban areas. When discussing the areas investigated

we noted that in two of the urban areas the population had grown rapidly during the last fifty years ; and as most persons migrating to these new industrial and residential areas are young the average age of the population tends to be low. The figures for the Cotton Town (the oldest established of the three urban areas investigated) given in Table 17 (B) show that the numbers in the older age groups (40+) were somewhat higher than those for the Extra-metropolitan and the Midland areas. But even if all three urban areas had been as long established as the Cotton Town it is probable that the numbers of older defectives would still be considerably less in the urban than in the rural areas.

It is but natural that the conditions of life in the country should prove more congenial and healthy for the mentally defective than those in the town ; and our data support this view. This conclusion bears closely upon one or two of the chief problems of the present Report. It explains in some measure and to some extent allays our apprehension concerning the higher incidence of mental defect among adults in the rural areas. The other point of importance is a practical one ; if the longevity of mentally defective persons approaches more closely to that of the general population in rural than in urban areas the incidence of mental defect in these areas will always tend to be higher than that in the urban areas. Consequently in making arrangements for the care and training of mental defectives in rural areas it will always be necessary to allow for this.

There is one other point of theoretical interest suggested by the figures in Table 17 (E). The disparity between the percentages of persons over 40 years of age in urban and rural areas is greater for the feeble-minded than for the lower grade defectives. This suggests that the feeble-minded derive relatively greater benefit from the better environmental conditions than the lower grade defectives. The feeble-minded also seem to derive proportionately more benefit than normal persons, the percentage of the higher grade defectives over 40 years of age for rural areas being much higher than that for urban areas (40 and 26 per cent. respectively), whereas the difference among the general population is only 4 per cent. These features suggest that the physical handicap of the feeble-minded is materially lessened in the more congenial environment of the rural area ; that the handicap of the lower grade defective is however so severe that he is unable to respond so well to the better environmental conditions ; and that the physical fitness and longevity of the normal person is not so dependent upon environment as those of the mentally defective person.

C. Employability of Mentally Defective Adults.

Several factors determine the degree of social efficiency which a mentally defective person can attain. Among the chief of these is the extent to which he can be trained and employed : and this

obviously depends not only upon his level of intelligence but on many other physical and temperamental features. Some pains were taken in the course of this investigation to make an assessment of the employability of all the adult defectives ascertained. The assessment was for more than one reason somewhat rough and approximate. The grades of employability used for classification were only five ; a greater degree of refinement could not be applied in an inquiry such as the present. Also it was difficult to get accurate and detailed information of the practical capacities of many of the defectives ; and therefore the assessment in some cases must be regarded as only approximate. Nevertheless, the numbers placed in each category may be helpful in giving some conception of the amount of provision required in future for training mentally defective adults and of the number of cases for whom little more than nursing care and habit training will be required.

The adult defectives were classified in five grades :—

1. Skilled operations, e.g. shoemaking and repairing, tailoring and dressmaking, French polishing, weaving, domestic service, the more difficult farm work such as ploughing and dairy work.
2. Semi-skilled work, consisting chiefly of the simpler processes in the various trades ; thus in shoe-repairing, the stripping of old soles and worn lifts from the heels and rivetting on soles and heels.
3. Unskilled work, e.g. loading and unloading carts, rough work in the laundry.
4. Simplest mechanical work, e.g. scrubbing or polishing floors, cleaning spoons, sorting fibre, simple errands.
5. Unemployable.

This classification it will be seen is not according to particular industries, but according to specific processes in the various industries. A single industry may give employment to defectives of all grades ; for instance on a farm there is much work for the most capable of them, and some that even the lower grade defective can do under supervision. It is also necessary to emphasise that the classification is made with a view to the capabilities of the defective when placed in a colony or institution where he would receive the necessary training and supervision, and not what he could do in the general community where he would have less supervision and have to compete with normal persons.

Table 21 (A) gives the classification of all the adult mental defectives ascertained according to the percentage number of each grade of employability for the feeble-minded and lower grade defective groups. The largest group of feeble-minded adults is naturally found in Grade 1 ; but it is only slightly larger than that of Grade 2. The difference would be greater had our ascertainment been more complete, because probably the majority of the adult

defectives not ascertained were of Grade 1 standard. The numbers decrease rapidly for Grades 3, 4 and 5. About 40 per cent. of the imbeciles belong to Grade 3, but about ten per cent. of even the feeble-minded persons also are of this grade. Grades 4 and 5 give some indication of the " dead weight " which an institution having a representative group of mentally defective persons would have to carry, about 17 per cent. of the whole group being of these two grades.

It will be noticed that the distribution corresponds within certain limits with the mental grade of the defectives. Grades 1 and 2 include most of the feeble-minded, but very few imbeciles ; and the lowest three grades include mostly imbeciles and idiots. There is however a fair amount of scattering of the higher grade of defectives among the three lowest grades. Most of the feeble-minded persons placed in Group 3 were in mental hospitals ; and many of them were chronic cases of primary dementia superimposed on amentia who could only be induced to do the simplest routine tasks. Most of the feeble-minded persons in Grades 4 and 5 had severe physical defects such as paralysis or blindness ; or at the time when they were seen some acute psychotic condition had supervened upon the original condition of amentia. Several of the feeble-minded persons placed in Grade 5 were severe cases of congenital athetosis, and although most of them were cot or chair cases, their intellectual activities not infrequently were those of high grade feeble-minded persons.

Comparison of the total figures in the two highest grades indicates that the practical capacities of the women as a group were higher than those of the men. The general impression we received in the course of our inquiry of the adult defectives, especially those in institutions, was that the women were of a decidedly higher mental grade than the men. Many of the higher grade mentally defective women had been compelled to go to the Poor Law Institution when pregnant and had remained there for a number of years.

Table 21 (B) gives some idea of the extent to which mentally defective adults who lived at home with parents or guardians were usefully occupied. The group of " almost self-supporting " cases were those who earned about 15*s*. a week or more and were fairly regularly employed. In the " partially self-supporting " group were placed all those who made some contribution, however little, towards their upkeep. The large majority of these earned only a few shillings a week, while many of them at the time of our investigation were earning nothing and were in receipt of outdoor relief. Those in the category of " contributed nothing " had not at any time or at least for several years past contributed towards their upkeep.

The women were more difficult to classify than the men because with the exception of those in the Cotton Town) the large majority of women worked at home ; and in the case of these women we had

to judge whether the help they gave at their homes could be regarded as equivalent to service for which some payment, however small, could be made.

Out of the whole group of mentally defective adults living at home only 16·9 per cent. of males and 6·3 per cent. of females could be said to earn enough not to be a financial burden upon their relatives or upon public funds. It is but natural that the male defectives comprise the greatest section of the "partially self-supporting" group, though we have probably underestimated the number of females in this category. The largest group, comprising 48 per cent. of all the defective adults at home, is that of the "partially self-supporting"; and it is to this group that the proposals for "socialisation" discussed in the Committee's Report* would chiefly apply. With better organisation of the training and supervision of these defectives there is no doubt that their economic value to the community could be increased, and they themselves would be much happier and more contented through being usefully employed. The not inconsiderable number of feeble-minded persons in the category of those contributing nothing towards their upkeep suggests that there are many mentally defective persons in the general community who are employable but do nothing, although it must be remembered that a certain proportion of these are too old to work. Many of the defectives not employed, although employable, live in urban areas; and the establishment of handicraft centres in these areas would be a great boon to this group of defectives. These centres could also be attended by some of the imbeciles included in the category of those who at present make no contribution towards their upkeep. Moreover a fairly large number of those included in the category of "partially self-supporting" persons worked so irregularly that they would have been much better employed at handicraft centres.

III. CHILDREN AND ADULTS.

A. Cot and Chair Cases.

The total number of cot and chair cases ascertained in the six areas is given in Table T. There were altogether 178 such cases, that is, one in every thirty of all the mental defectives ascertained. About one-seventh of this group were of the feeble-minded grade, most of these being cases of severe diplegia. In three of the urban areas the numbers were much the same—20 in the Extra-metropolitan area, 25 in the Cotton Town, and 18 in the Midland area—giving an average of one in every thirty-four defectives ascertained in these areas. The numbers in the rural areas were somewhat higher—38 in the Eastern Counties area, 37 in the South-Western area, and 40 in the Welsh area—that is, an average of one in twenty-eight defectives in these areas. The proportion of cot and chair cases actually in institutions would probably be even higher.

* Part III.

TABLE T.

Cot and Chair cases.

	Feeble-minded.	*Imbeciles and idiots.*
Children :—		
Male	4	42
Female	5	31
Adults :—		
Male	8	37
Female	8	43
Total	25	153

B. EPILEPTIC MENTAL DEFECTIVES.

Table U gives the numbers of the mentally defective who suffered from epilepsy in each of the six areas investigated. It is probable that a few cases in Charitable and Voluntary Institutions were missed in each area. The total number of epileptic mental defectives ascertained in the course of this investigation was 434—that is, one out of every twelve of all the defectives. Only defectives whom we had definitely ascertained to be cases of true epilepsy were included. Our figures show that the incidence is much higher among adults than among children ; one out of nine adults but only one out of nineteen children were epileptic. This is in some ways surprising because in the case of each adult defective pains were taken to verify the information that he or she had suffered from fits from an early age ; it may not improbably be due however to the mental deterioration becoming more manifest in the case of epileptics as they grow older. Although most of the epileptic adult defectives were of the feeble-minded grade, comparatively few of those in the general community were employed industrially. The three urban areas had on the average smaller numbers of epileptic defectives than the three rural areas, although the numbers in the Cotton Town were fairly high and approximated to those of the rural areas. The highest number was in the Welsh area.

TABLE U.

Epileptics.

		Feeble-minded.	*Imbeciles and Idiots.*	*Total.*	
Urban Area A.	Children	10	14	24	58
	Adults	24	10	34	
,, ,, B.	Children	12	10	22	74
	Adults	33	19	52	
,, ,, C.	Children	13	8	21	59
	Adults	23	15	38	
Rural Area D.	Children	13	18	31	79
	Adults	30	18	48	
,, ,, E.	Children	6	12	18	77
	Adults	35	24	59	
,, ,, F.	Children	7	12	19	87
	Adults	39	29	68	
Total ..	Children	61	74	135	434
	Adults	184	115	299	

C. Home Conditions of the Mentally Defective.

The provision that the Local M.D. Authority has to make for the care, supervision and training of the mentally defective depends in no small measure upon the home conditions. If these are poor in a large number of cases, the Local Authority will have to provide correspondingly more institutional accommodation, or place many defectives under the guardianship of foster parents; but if the homes are generally good the form of provision mostly required of the Local Authority will be in the nature of friendly visits and suitable training at day occupation or handicraft centres.

The classification of homes is necessarily somewhat arbitrary. Suitable standards and definite criteria upon which the classification can be based present much difficulty at the outset; and even when these are agreed upon, the investigation of a large representative sample of homes should be made in order to establish norms. In the present inquiry it must be admitted that all these conditions were not fulfilled. The homes were classified into five groups only, —superior, good, average, poor, and very poor. Our judgment upon a home was based chiefly upon its standard of comfort, its cleanliness, and the ability of the parents to take proper care of the defective. Naturally the personal equation of the investigator influenced greatly the number of homes placed in each of the above categories. The social investigators and I had had considerable experience in home-visiting in different parts of the country; and almost all the homes included in the " very poor " group were visited by two of us. It may be said that in the large majority of cases our assessments, although made independently, were in agreement.

Table 22 gives the classification of the homes of 1,848 children and 1,442 adults who were ascertained to be mentally defective. As there were frequently two or more defectives in the same home these numbers do not indicate the number of homes actually visited. The homes of the feeble-minded, imbeciles and idiots have been classified separately; and our figures show that the distribution varies materially according to the degree of defect. The numbers for the feeble-minded group are the most incomplete, since many of the homes of children of this group were not visited; and probably a good proportion of those not visited would be superior, good, or average. It is also necessary to state that the homes of many of the defectives found in institutions were not classified.

Notwithstanding the incompleteness of our records, the numbers upon which the figures given in Table 22 are based are large enough to justify certain general conclusions. We attach much importance to one feature of these data—that approximately 25 per cent. of the feeble-minded children and adults lived in homes classed as " very poor." It is true that the significance of this statement depends largely upon the standards adopted in thus classifying a home.

The standard which we had in mind when classifying a home as "very poor" is that generally found in the lowest ten per cent. of the homes of our large towns—that is, the home conditions of a slum district. As we were unable to make a preliminary investigation of a "control" group of homes, it is impossible to state with what consistency we applied this standard. The general impression we had at the end of our investigations was that in each area most of our home visits were to homes definitely below the average, and we are not surprised to find on tabulating our records that about one quarter of the feeble-minded persons lived in the poorest class of home.

The home conditions of the lower grade defectives (i.e. imbeciles and idiots) were definitely better as a group than those of the feeble-minded. The figures in Table 22 show that in the "lower grade" group the percentage of homes above the average is practically equal to that of homes below the average; that is, a lower grade defective was found as frequently in a good home as in a poor one. This conclusion again confirms the general impression we received in the course of our inquiry. It should be borne in mind however that the lower grade defective is likely to live longer in a good than in a poor home, and therefore it is probable that the proportion of this type of child born in the poorer homes is higher than the figures in Table 22 would lead us to expect.

If these conclusions are right, they suggest long interesting vistas of thought, but there is at least one deduction of practical importance. Mental deficiency is a serious social problem chiefly because large numbers of the feeble-minded persons live under conditions that must be regarded as most unsatisfactory. It is for this group of social inefficients that institutional accommodation is so urgently needed. It is true that a good proportion of lower grade defectives will always have to be taken care of in institutions; but as the institutional accommodation increases the proportion of trainable feeble-minded persons admitted will be larger. The institution of the future is likely to be even more productive than that of the present; and in the general organisation of new institutions it is important to allow for an increasing demand for facilities for training the higher grade defectives.

The figures for each of the six areas* indicated no striking differences, except that the numbers of very poor homes were definitely lower in the Extra-metropolitan and the Welsh areas than in the other four areas.

A great deal could be written about the home conditions of some of the mentally defective ascertained, but we do not propose to discuss these at any great length in the present Report. Generally speaking, our conclusions in regard to the neglect of numbers of the mentally defective living amongst the general community agree

* These are not given in the tables included in the present Report.

with those of the medical investigators of the Royal Commission for the Care of the Feeble-minded (1906). It must be admitted that a considerable number of the mentally defective live in homes where the conditions are really bad. This is not surprising when it is remembered that feeble-mindedness is largely a family problem. If one or other of the parents be mentally defective, and especially if it be the mother, it is inconceivable that the home conditions can be anything but bad. Even where the parents are not actually mentally defective, they are not infrequently subnormal in intelligence and incapable of caring properly for the defective child or children. In the towns the feeble-minded families* were found chiefly in the slum areas, and bad as the conditions were in these homes, our experience in the course of the present investigation convinced us that the conditions were even worse in the isolated homes of the rural districts.

There is always some danger in citing in detail definite cases where the conditions are very bad, because the worst is so often wrongly generalised by the propagandist, who pays little attention to the qualifying remarks of a scientific investigator. Notwithstanding this danger we will describe briefly one or two cases met with in the course of this investigation which demonstrate the need for careful supervision of mentally defective persons in the general community by some statutory or voluntary Authority.

At one of the schools two feeble-minded sisters aged 8 and 6 respectively, both very badly dressed, much flea-bitten and ill-nourished, were brought to our notice. The Head Master said they had a mentally defective brother at home who was very troublesome. We visited the home about mid-day ; it was a two-roomed cottage, one of the most destitute and filthy we have ever seen. The lad aged 10 whom we had called to see was found asleep on what served as the bed for the family of six, the parents and four children. The father, who depended on casual work at the farms, was that day at home unemployed. He said that the boy had been very troublesome the previous night and proceeded to show us some of the results of his son's activities during the last few weeks—broken windows, doors and furniture ; a large hole in the partition-wall between the two rooms ; and two fire-grates pulled to pieces. The lad was a case of encephalitis lethargica of two years' standing. We reported the case to the Medical Officer of the Local M.D. Authority, and the boy was immediately removed to a Poor Law Institution as a place of safety. He however proved so destructive and troublesome that the Master requested his removal as soon as possible to a more suitable institution. Both father and mother were in our opinion feeble-minded, the mother being the lower grade of the two. At the time of our

* This term we apply to families with two or more feeble-minded persons of the primary amentia type.

visit she was nursing a child nearly three years of age who had not begun to walk or talk. The family had been in the district a few months only, and apparently had been moving from place to place during the last 10 or 12 years. This made it most difficult to obtain a reliable history, but the Medical Officer ultimately discovered that the feeble-minded parents of these mentally defective children were brother and sister.

Another bad case was that of an unmarried feeble-minded woman, aged 38, who was allowed to live in a country cottage that had been discarded as unfit by the preceding occupants and had been uninhabited for some years. So many complaints had been made of the filthy condition of the home and children that the mother was most unwilling to allow anyone into the house. Living with this feeble-minded woman was a low grade imbecile sister, aged 30, whose condition at the time of our visit was verminous. There were also five children in the house, ranging in age from 2 to 11. Three of these we had seen at school; and all three were feeble-minded. The Head Teacher complained of their dirty condition and said it was impossible to allow them to sit with the other children. The feeble-minded woman admitted that three of the five children were her own, but said that the other two were the illegitimate children of her sister who lived in a neighbouring town. We found that this was not true, because the two illegitimate children of her sister (who was also feeble-minded) were seen later at a Poor Law Institution; and responsible persons who knew the woman's history assured us that all five were her own illegitimate children. We were given to understand that the Poor Law Authority had refused for some time to contribute towards the upkeep of this family, but in some way or other the mother was able to get a certain amount of food and clothing for herself, her sister and the children.

D. The Mentally defective dependent upon Public Funds and Charity Organisations.

Tables 23 (A) and (B) give the numbers of children and adults in each area who were receiving financial support from some public fund or charity organisation. The 326 children financially supported by public funds comprise about 12 per cent. of all the mentally defective children in the investigated areas; but it is certain that the Poor Law Authority contributed, in the form of outdoor relief to parents, to the support of many other mentally defective children in these areas; and therefore this figure is an under-estimation. The figures in Table 23 (A) show that the Poor Law Authority bears the largest share of the financial burden of mentally defective children; 185 of the 326 children are in Cottage Homes, Poor Law Institutions, or boarded out by the Guardians.

Of the total of 2,730 adult mental defectives, 1,532 were supported completely or partially by public funds or charity organisations, that is, approximately 56 per cent. Therefore although comparatively little provision has been made for the training and supervision

of the mentally defective in this country, the community in one way or other actually pays large sums to support them. About 54 per cent. of the whole group of adult defectives receiving financial assistance were in ordinary Poor Law Institutions or receiving outdoor relief*, while another 25 per cent. almost all of them being rate-aided patients, were in mental hospitals; and only about 18 per cent. of the whole group were paid for by the Local M.D. Authorities.

The only figures in Table 23 (A) and (B) that have not appeared in previous Tables are those of the numbers of adult defectives receiving outdoor relief. Only one further comment need be made on these figures. The numbers of women defectives in receipt of outdoor relief are much larger in the rural than the urban areas, especially in the Welsh area, where there is a relatively high proportion of old women in the general population, and where, as already noted, the inhabitants seem to have a marked antipathy towards institutions of all kinds.

E. Family Histories.

The investigation of the family history of defectives was a feature of secondary and not primary importance in our inquiries, and it must be admitted that our data in this respect are most incomplete. To collect all the data of a single family for three or four generations, especially if the family happens to be one with many mentally defectives, is a formidable task. The data we are able to give must be regarded as minimum data; had there been time and facilities there is no doubt that many more relatives suffering from some form of mental abnormality would have been discovered. Moreover the full analysis of the data we have been able to collect cannot be made in time to appear in the present Report, and all that we can do is to give some indication of the nature of these data. The following pages refer to the family histories of the mental defectives ascertained in the Eastern Counties area. In order to appreciate the full significance of our figures it is necessary to have in mind the total numbers ascertained in this area, and therefore the following Table V summarising these will prove helpful.

Table V.

Total ascertainment in the Eastern Counties Area.

	Feeble-minded.		Imbeciles.		Idiots.		Total.		
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Total
Children	220	187	39	33	11	8	270	228	498
Adults	162	196	55	34	11	10	228	240	468
Total	382	363	94	67	22	18	498	468	966

* *See* foot-note (†) to Table 23 (B).

Our records were analysed to find how many of the families had two or more mentally defective persons ; and the following Table W, which it will be seen relates to 136 families, gives a summary of our data.

TABLE W.

No. of mental defectives in family.	2	3	4	5	6	7	8	9
No. of families	74	38	13	7	3	0	1	1

It is necessary to explain that some of the mental defectives included in this table were not included in our figures of ascertainment because some were dead and others did not live in the investigated area. The predominant relationship was that of siblings : in 96 of these families there were brothers or sisters who were mentally defective. These were distributed as follows :—

No. of mentally defective siblings	2	3	4	5	6
No. of families..	60	28	5	2	1

The number of cases of parental relationship were as follows :—

Mother and son .. .. 40 pairs.
Mother and daughter .. .. .. 44 pairs.
Father and son .. .. 17 pairs.
Father and daughter .. .. .. 18 pairs.

There were 10 cases in which husband and wife were both mentally defective. In addition there were 260 cases of relatives, either aunts, uncles, cousins, nephews or nieces, recorded as mentally defective.

We also sought information concerning relatives who had been insane. In 88 families that contained one or more mentally defective persons there was definite history of insanity—

No. of insane in family	1	2	3
No. of families	64	18	6

In 12 cases the father was insane ; in 19 cases there was insanity in the father's family ; in 21 cases the mother was insane and in 42 cases there was insanity in the mother's family. There were 14 cases of a mentally defective person with a brother or sister insane. It will be observed that the maternal relationship preponderates ; but this is possibly due to some chance factors and may not be of any scientific significance.

Without some reliable control data for comparison it is impossible to evaluate these data, but even these meagre summaries are enough to make it quite evident that mental deficiency is to a great extent a family problem, and that it is not infrequently associated with insanity.

It is of interest to compare the family histories of mental defectives of different grades in order to ascertain whether heredity plays an equally important part in producing both the lower and higher grades of amentia. Our data unfortunately do not give complete information, but certain figures we have been able to collect relating to the lower grade defectives in the Eastern Counties area are suggestive

There were 201 lower grade defectives (imbeciles and idiots) of all ages ascertained in this area. In 16 cases the lower grade defective was the only child. In 55 other cases no history of any other mentally defective or insane persons in the family was obtained, but how much importance should be attached to such negative information it is difficult to say. There were only two families in which there were two siblings of imbecile grade or defect ; but there were ten families in this area with one imbecile child and one brother or sister who was feeble-minded, six families with one imbecile and two feeble-minded brothers or sisters and one family with one imbecile child and five feeble-minded brothers or sisters. The numbers of parent-child relationships in the lower grade group were as follows :—

(*a*) Child an imbecile or idiot and parent feeble-minded :

Mother—son	12 pairs
Mother—daughter	7 pairs
Father—son	9 pairs
Father—daughter	4 pairs

(*b*) Only one case was ascertained in this area in which the mother was an imbecile and the child (an illegitimate daughter) was also an imbecile.

It is scarcely necessary to state that such incomplete data should be interpreted cautiously especially as we have no control data, and as so many chance factors determined the group of families for which reliable histories were obtained. On the one hand however there is definite evidence that a fair proportion of the lower grade defectives in this area were cases of primary amentia. But on the other hand it is significant that in a population of about one hundred thousand we were able to find only two families with two siblings so low grade as to be imbeciles. It is true we may have missed some families with two or more lower grade siblings, but it is improbable that there were many of these ; and there were no doubt other families into which lower grade siblings had been born but had died during infancy In addition to the small number of lower grade siblings, the fact that in over one-fourth of the families with imbeciles or idiots we failed to have any history of relatives of abnormal mental condition suggests that lower grade deficiency is not a family problem to the extent some previous writers have led us to expect.

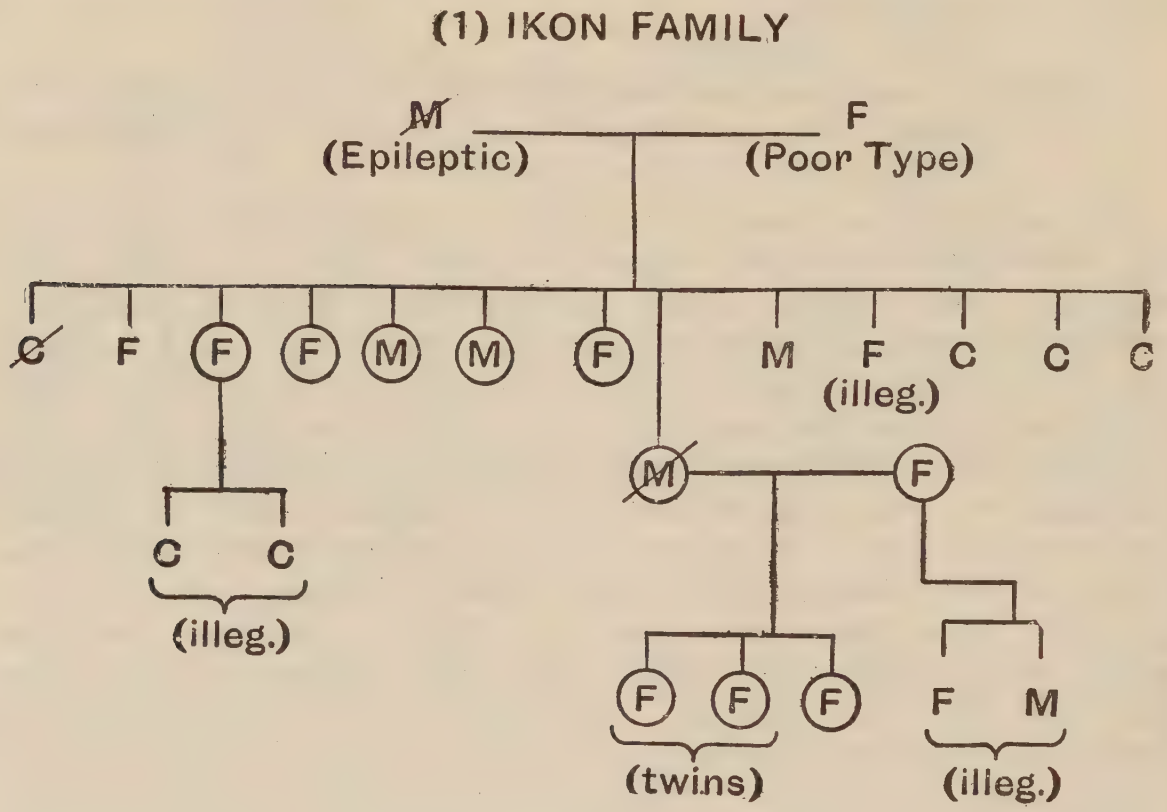
A similar conclusion is suggested by our data relating to the home conditions of the feeble-minded and the lower grade defectives. An unduly large proportion of the feeble-minded lived in poor homes, whereas the lower grade defectives were more evenly distributed in homes of all grades. These facts confirm the view expressed by recent writers that lower grade deficiency is not a family problem to the same extent as feeble-mindedness. Families of feeble-minded persons are by no means uncommon, whereas families with two or more imbeciles are rare and even when they exist there is no evidence that the defect has been inherited. In other words feeble-mindedness is mostly familial or primary amentia, whilst imbecility and idiocy are

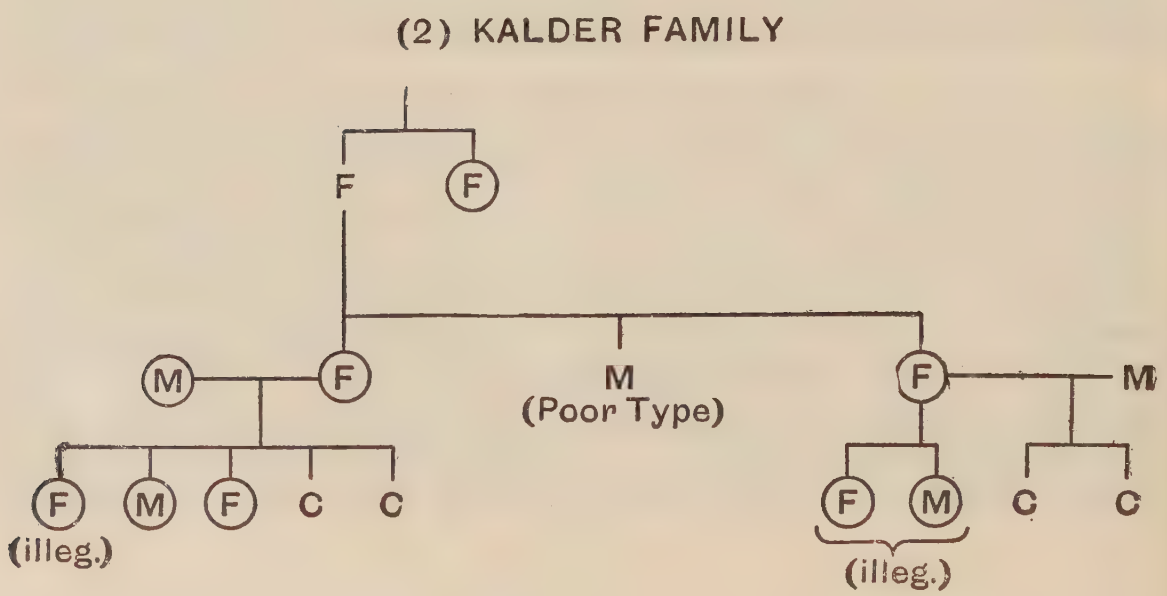
mostly sporadic or secondary amentia. Our data are not sufficient to enable us to dogmatise on this important theme and further research into this particular problem would doubtless yield results of much scientific interest and practical value.

Charts of five families in the Eastern Counties area are appended as illustrations of the family foci of mental defect. Most of the defectives represented in these charts were resident in the investigated area and therefore seen by us. The deficiency of those we did not see was vouched for by persons upon whose judgment in this matter we could safely rely.

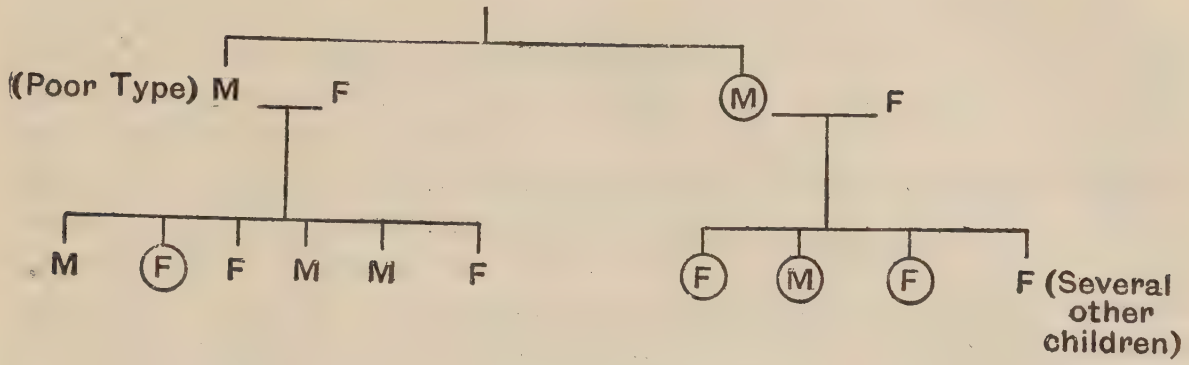
Family Charts.

Key to abbreviations: M=male; F=female; C=child (sex not known); a circle round a letter indicates that the person is mentally defective; if the letter is crossed through the person is dead.

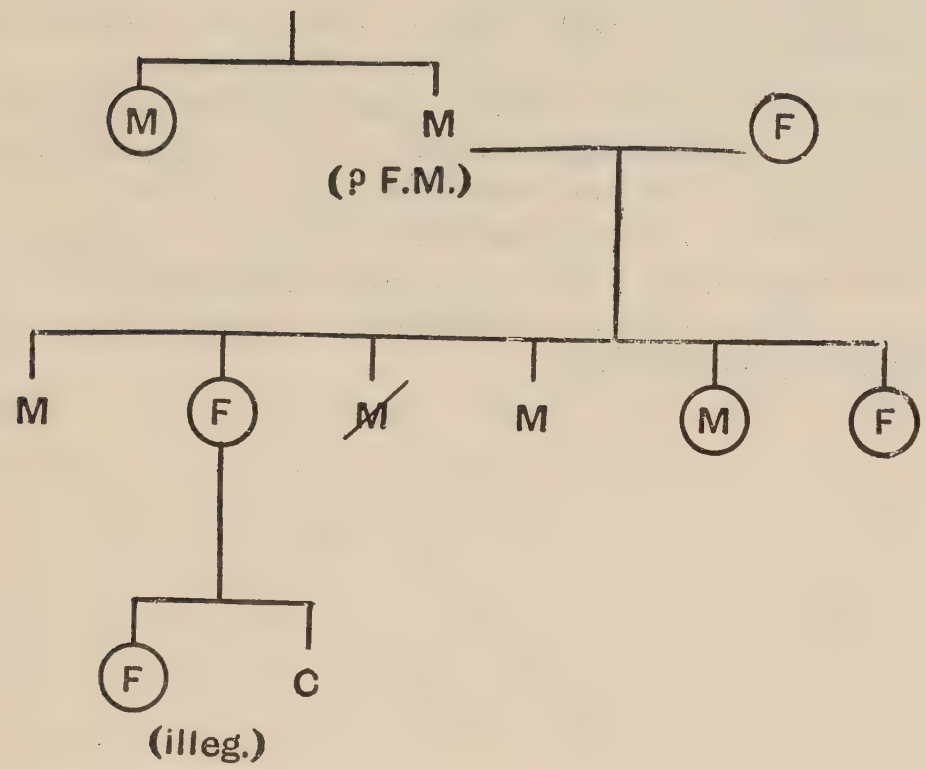




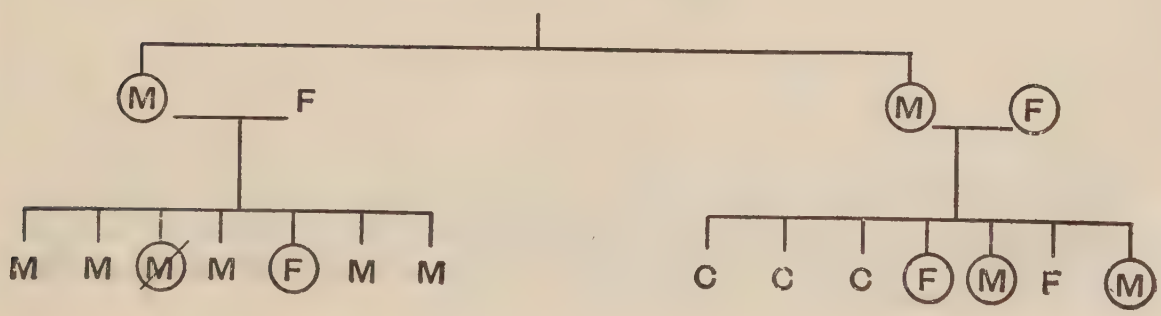
(3) FULLER FAMILY



(4) LIDDER FAMILY



(5) SUMNER FAMILY



F. Mental Defect and Illegitimacy.

The statistical data which we give indicating the close relationship between mental defect and illegitimacy again refer only to the Eastern Counties area. The whole group of 196 mentally defective women in this area had given birth to 118 illegitimate children. The normal maximum child-bearing period is about 30 years (ages 15 to 45). Therefore for each year of this period an average of about 4 illegitimate children were born from this group of feeble-minded women, which corresponds with an incidence of 20 per 1,000 per annum. The total number of women of child-bearing age in the general population of the administrative county area in 1926 was about 120,000, and the total number of illegitimate births in the county for that year was 473—an incidence of 4 per 1,000 women of child-bearing age. Although the group of defective women to which our data relate is not strictly comparable with that of the whole group of women of child-bearing age in the administrative county area,* it is obvious from these figures that illegitimacy is considerably higher among mentally defective women than among normal women.

Many of these illegitimate children had died during infancy, and others had left the investigated areas; but we found that 15 of those still resident in the area were mentally defective.

Of the total 498 mentally defective children ascertained in this area, 39 were illegitimate; and of the 468 adult defectives, 18 were illegitimate. These figures of illegitimate mental defectives are undoubtedly very incomplete.

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* It should be borne in mind that a considerable number of those 118 defectives were in Poor Law Institutions where they had given birth to their children, and this introduces a selective factor that greatly increases the incidence of illegitimacy for this group of women.

CHAPTER 5.

CLASSIFICATION OF THE MENTALLY DEFECTIVE FOR ADMINISTRATIVE PURPOSES.

One of the chief purposes of the present investigation was to estimate the numbers of the mental defectives for whom the Local Authorities would have to make some provision—the numbers of children respectively suitable for Day Special Schools, Residential Special Schools and Institutions under the Mental Deficiency Acts, the numbers of adults of various grades requiring institutional care and the numbers that could be left in the general community under guardianship or under supervision. It is difficult to describe the criteria and standards adopted for the classification of the mentally defective for these administrative purposes. Naturally a classification involving such complex considerations is determined largely by the standpoint of the person making it; but in the course of our discussion of the numbers placed in each category it will be possible to give some indication of the criteria applied in the present investigation.

Our classification of the mentally defective persons ascertained is naturally based upon the present statutory powers of various Authorities. The two Authorities chiefly responsible for the children are the Local Education Authority and the Local M.D. Authority —the former for almost all the children of the feeble-minded grade between the ages of 7 and 16 and the latter for the lower grade defectives. The adult defectives who are subject to be dealt with under the Mental Deficiency Acts are the responsibility of the Local M.D. Authority. Neither this Authority nor the Local Education Authority have, broadly speaking, any duties towards mentally defective persons under the jurisdiction of the Poor Law Authority.

Obviously it has been impossible in this Report to classify the mental defectives in accordance with the recommendations the Committee are making in their Report, because most of these recommendations were made after the completion of this investigation. We have been able however to reclassify our data to a certain degree so as to make them applicable to some of the Committee's principal recommendations. The figures relating to the proposed new allocation of duties in respect of children are given mostly in Chapters VII and VIII in Part II of the Committee's Report, but those relating to adults will be found in the present Chapter, though they are further discussed in Part III of the Committee's Report.

I. CHILDREN.

A. Classification of Feeble-minded Children.

The Local Education Authority are responsible for the education and training of practically all feeble-minded children between the ages of 7 and 16. Table 24 (2) shows that the mean incidence for England and Wales of this group of children, based upon our figures for the six investigated areas, is 2·66 per 1,000 total population. This incidence applied to the total population of the country yields an estimate of 104,509 feeble-minded children (ages 7–16).

When the feeble-minded children were examined we classified them according to their suitability for Day or Residential Schools. It is perhaps necessary to emphasise that it was according to the child's *suitability* to attend one or other of these two types of schools and not upon the practicability of the establishment of such schools that our classification was based. The difficulty and even impossibility of establishing Day Special Schools in small towns and rural areas is discussed in Chapters VII and VIII of the Committee's Report ; but for our present purpose it is assumed that in the future it will be possible to make provision in day schools for large numbers of these feeble-minded children living in rural areas by means of classes for retarded children.

(1) *Day Special School Accommodation required.*

The figures in Tables 24 (2) and (3) give respectively the incidence per 1,000 total population of feeble-minded children suitable for day schools, and the estimated number of these children in England and Wales obtained by the application of these incidences. The total number of feeble-minded children, ages 7 to 16, suitable for these schools in the whole country is estimated to be 81,258 ; this gives a mean incidence of 2·07 per thousand total population. About 59,000 of these live in urban areas and 22,000 in rural areas.

The practical significance of these figures will be better appreciated if we indicate the populations in an urban and a rural area respectively that would contain a sufficient number of feeble-minded children to establish a day school. In practice it has been found that a Special School should have at least 40 children on roll, as this is the minimum number that will allow the formation of two classes. On the basis of these figures it is estimated that a town with a population of 21,000 would contain 40 children suitable for such a school. It is almost certain however, and this is borne out by the experience of Local Education Authorities in the past, that even in a town with a population of 50,000 it would be difficult to establish a Day Special School with this minimum number on roll. Some of the reasons for this difficulty have been discussed in the Committee's Report. We have already indicated others in this Report, namely the reluctance of Head Teachers in the first place to present retarded children for examination and of

Medical Officers to certify, the objections of parents, the difficulty of securing the co-operation of managers and teachers in provided and non-provided schools and the long distances children have to travel to reach a school even if centrally situated. Here it is only necessary to emphasise that under present statutory arrangements it is impracticable to make proper educational provision for a considerable proportion of " mentally defective " children even in the areas that are urban in character.

It is quite unnecessary to discuss at length the obvious impossibility of establishing Day Special Schools in rural areas. Although the incidence of feeble-mindedness amongst children in these areas is much higher than in the urban areas we estimate on the basis of our findings that if such a school were opened in a rural town with a population of say 3,000 inhabitants it would be necessary to convey all the feeble-minded children living within a radius of some seven or eight miles in order to establish a school with 40 children on the roll.

One of the chief conclusions that seems inevitable from these data is that under present statutory conditions it is impracticable for Local Education Authorities in provincial parts of the country to make satisfactory educational provision by means of Day Special Schools for even a half of the number of children of the type we have designated " feeble-minded " ; and some change in the law is imperative. That it should be impracticable to provide for so many of these children under the present law is much to be regretted, especially in the light of the good results that have been achieved in the large towns where Day Special Schools have been properly organised.

The problem is made all the more urgent by the fact that even in places where Day Special Schools have been established, large numbers if not the majority of the feeble-minded children still remain in the Elementary Schools. We have noted that in the two investigated areas with Day Special Schools, only a small proportion (about 14 per cent.) of the feeble-minded children attended these schools, the large majority being left in the Elementary Schools.* If this latter group of children were being educated and trained on lines suited to their mental capacities there would be no necessity to advocate any change ; but most teachers and educational administrators assume, quite logically, that if children remain in the ordinary school they can be taught in the same classes, with the same curriculum and by the same methods as those found most suitable for normal children. This assumption however has led to the neglect in our educational system of a much larger group of children

* Had we investigated an area in one of the large towns where the Day Special Schools have been established on a large scale a much smaller proportion of mentally defective children would doubtless have been found in the Elementary Schools, though even in these towns the proportion is by no means negligible.

than the feeble-minded, namely the large borderline group of the dull or backward. Considerable numbers of the children examined in the course of this investigation, indeed the majority of those who were examined by the Group Tests, although they were not sufficiently retarded to be included in the category of the feeble-minded according to the norms adopted in the present investigation, were nevertheless obviously incapable of receiving adequate benefit when educated in large classes with normal children. These borderline children would undoubtedly make much better progress if they were taught by methods similar to those adopted in the Day Special Schools. It is true that in some of the elementary schools special classes had been organised for these dull or backward children, but generally speaking no serious effort had been made to deal adequately with this group in the ordinary educational system.

An intimate relation exists between the two groups of children, the feeble-minded and the borderline group generally known as the dull. In our chapter on standards and norms we acknowledged that the dividing line is an arbitrary one. A certain proportion of the children ascertained to be feeble-minded in the present investigation could be said to be more closely related, psychologically, educationally and socially, to the dull than to the lower grade mentally defective children. The anchorage of this group is more with the dullest of the normal than with the socially defective. From an etiological standpoint it is also necessary to emphasise the very close relationship that exists between dullness and the higher grades of mental deficiency. The relation is not merely one of contiguity ; there are cogent grounds for thinking that there is a causal relationship. The dull of the present generation will probably be the progenitors of a large number of the feeble-minded children of the next generation. If this be the case, the problem of the dull child is of vital importance to the student of mental deficiency ; it is no longer a mere borderline question, but becomes one of the focal problems in the prevention of mental deficiency. When the scientist turns his attention to the prevention of a certain disease he often finds that he has to deal not so much with the disease itself but with borderline conditions ; thus it is urged that tuberculosis will be eliminated only when it is possible to deal effectively with pre-tubercular conditions. And similarly it is probable that the prevention of mental deficiency depends largely upon how effectively we deal with the dull children of the present generation.

The impossibility of educating the dull child properly in the ordinary classes of the elementary school and the impossibility in the greater part of the country of providing day school accommodation for mentally defective children who are educable are two problems that are exercising the minds of educational authorities and teachers considerably. Of late years there is a general trend of thought which indicates that the solution lies in the direction of dealing with both these groups of children together. If this proves successful it will not

be the first time that two problems which seem insoluble separately are solved when tackled together. The solution is based upon the conception of a new unit in our educational system, namely that of the "retarded" child. This category would include all children who are incapable of receiving proper benefit from the instruction given in ordinary classes of elementary schools as they are at present organised, but who would be able to make educational progress in schools or classes where the curriculum and methods of instruction are specially adapted to their limited mental capacities. The group of retarded children would include practically all of the dull children and the majority of those whom we have classified as "feeble-minded" in this Report.

(2) *Residential special school accommodation required.*

Of the total of 1,866 feeble-minded children (ages 7–16) who were ascertained in the six investigated areas, 433, that is approximately 23 per cent., were allocated to Residential Special Schools. The incidence of these residential school children in urban areas amounts to 0·52 for 1,000 total population, whereas in rural areas the corresponding incidence is 0·87 (Tables 24 (2)) ; and these incidences when applied respectively to the total populations of urban and rural areas in England and Wales yield a total estimate of 23,251* feeble-minded children (ages 7–16) for whom residential accommodation is required. This total† is comprised of about 16,000 children from urban, and about 7,000 from rural areas‡.

The value of this total estimate depends largely upon the criterion we applied in allocating children to a residential school. The types of feeble-minded children that comprise this group are indicated by the classification given in Table 24 (4) ; and an examination of the figures of this table will give some idea of the stringency of our criteria.

The small numbers placed in the category of the "detrimental and uncontrollable" indicate that our standards in respect of this group were most exacting. If the anti-social behaviour of a child was attributable to some extrinsic factor, such as bad home conditions, the child was not included in this group. All children placed in this category were so abnormal temperamentally that, both in their own interest and that of other children, they should be placed in residential schools ; in practically every case the Head Teacher

* This and other estimates in this Chapter of the total number of defectives in the various categories for whom a particular form of provision is necessary represent the total and not the additional provision required ; in other words, the existing provision has not been taken into consideration.

† This total also includes feeble-minded children suffering from certain physical defects, e.g., complete or partial blindness and deafness, which render it necessary to make special provision for them.

‡ It is necessary to recall that when allocating feebleminded children living in rural areas to day or to residential schools we assumed that in the future some means would be devised for making provision in day schools for the majority of this group. *See* page 140 ante.

urged the necessity of removing the child from the day school. The conduct of some of these children suggested that they were cases of the post-encephalitic type, but we were unable to obtain any history of a previous illness or to detect physical signs that would justify this diagnosis.

The next group in this table is that of feeble-minded children at present in Poor Law* Institutions, cottage homes, voluntary homes or " boarded-out " by the Guardians ; and all these are recommended for residential schools. These feeble-minded children are already a financial charge upon the community and are likely to remain so. If they are sent to residential schools the additional cost, if any, will be negligible, whereas the more efficient training they will thus receive will probably make them much more useful members of the community. These feeble-minded children present a difficult problem to officers of Poor Law Authorities and Voluntary Organisations, and many of these officers strongly urge that these children should receive training in residential schools from an early age. The parents of many of them are dead or cannot be traced, and those of most of the others are incapable of taking care of them. Therefore the permanent responsibility for these feeble-minded children must be assumed by some public authority. If they are not properly trained during childhood and adolescence these children become a lifelong financial burden upon the community, and from the standpoint of economy alone it is in the interest of the public to give them that efficient training and thorough supervision which can be best secured in residential schools.

The remaining classes indicated in Table 24 (4) have physical defects that make it impossible to deal adequately with these children in day schools. The " crippled " group included only those children whose physical handicap was so severe that they could not be dealt with properly in a day school even if conveyed between their homes and the school. The problem of conveying crippled children to day schools is more easily solved in urban than in rural districts, and therefore a relatively higher proportion of these children in a rural than in an urban area will need residential accommodation.

The standards for blindness and deafness applied in this investigation were much the same as those generally applied in the selection of children for the ordinary blind and deaf Special Schools. The

* Although, as previously mentioned, it is doubtful whether the Local Education Authority have any duty to provide for the education of mentally defective children under the jurisdiction of the Poor Law Authority, almost all these children whom we ascertained to be feeble-minded were at the time being educated by the Local Education Authority; and it is on this ground that we group these children together with the others for whom the Local Education Authority are responsible. It is highly probable that the Poor Law Authority in most areas will continue to avail themselves of the educational facilities afforded by the Local Education Authorities for these children.

children whose blindness or deafness is complicated by mental defect cannot profit by the methods of instruction suitable for normal blind or deaf children, and their numbers are so small that it is impracticable to establish day schools for them. Therefore, if they are to receive suitable training and education, they must be sent to residential schools. The number ascertained in each of these classes in all six areas was only 21. This number is scarcely large enough to form a reliable basis for calculating the accommodation likely to be required in the country as a whole; but if our figures are accepted as a basis, there would be in the whole country about 1,300 children in each of the two categories, the feeble-minded blind and the feeble-minded deaf.

Only feeble-minded cases who had severe fits were included in the next group in Table 24 (4). In the six areas there were altogether 61 feeble-minded children suffering from epilepsy; but it was thought that the less severe cases in good homes could be dealt with in day open-air schools, although it must be admitted that better results would probably be achieved with all these epileptic children in residential than in day schools.

The ascertainment of feeble-minded children suffering from epidemic encephalitis and tuberculosis has obviously been very incomplete. Many children with a history of epidemic encephalitis were seen in the course of our investigation, but comparatively few of them were sufficiently retarded intellectually or manifested abnormalities of conduct sufficiently pronounced to be judged feeble-minded. We have suggested previously that some of the children in the "detrimental" group were possibly cases of epidemic encephalitis. It is now generally admitted that epidemic encephalitic cases who manifest serious mental impairment are quite unfitted for day schools, and that special residential accommodation for this group is an urgent necessity.

The children in all the categories so far considered cannot be dealt with satisfactorily except in residential schools; and 56 per cent. of all the feeble-minded children allocated to Residential Special Schools are included in those categories. The only remaining group in Table 24 (4) is that of children whose home conditions were unsatisfactory. Nearly 200 children were placed in this category, and these were distributed among a population of over 600,000; that is, an average of one child for every 3,000 of population. This fact alone affords sufficient proof that only feeble-minded children whose home conditions were extremely unsatisfactory were allocated to residential schools. Some of these feeble-minded children had parents who were themselves feeble-minded, and the conditions in their homes were very bad, those isolated in rural areas being the worst. Generally speaking it is the children who suffer most in these homes, and however imperative the demand for economy, it is impossible to justify a policy of inaction with regard to this group of children. Persons who advocate leaving these children

in their homes cannot possibly have had first-hand knowledge of the conditions under which they live. Financial considerations alone, quite apart from the welfare of the children and the duty of the community towards them, would justify their removal to residential schools ; the feeble-minded children who are left in the depraved environment of these homes are almost certain to prove social failures, and in one way or another to become economic burdens upon the community.

B. Classification of Lower Grade Defective Children (Imbeciles and Idiots).

The lower grade children have also been classified into two main groups, namely (1) those who require institutional care and (2) those who could be left in the general community. It will be seen that only 284 of the total 513 imbeciles and idiot children ascertained in the six areas have been allocated to institutions (Table 25 (A) (1)). Many of the other children, if not the majority of them, would undoubtedly benefit greatly from a period of residence and training in a colony, but the great scarcity of accommodation for this group of children caused us to be, if anything, over-cautious in recommending that a child should be sent to a colony. Of the 284 children recommended for colonies 138 were already in various institutions ; and therefore only 146 of the lower grade children at home with their parents at the time of our inquiry were recommended for institutional treatment. This recommendation depended largely upon the degree to which the parents or guardians were unable to care properly for the defective child. Not many cases of serious neglect of these lower grade children were seen, but on the other hand there were few homes in which there were facilities for training these children properly. All children whose parents expressed a wish that they should be placed in colonies were included in the category of children recommended for colonies.

In the preparation of Table 25 (A) (1)–(4) it has been assumed that all imbecile and idiot children come under the jurisdiction of a single authority. Of the total 513 imbecile and idiot children ascertained, 34 were at the time under the jurisdiction of the Poor Law Authorities in their ordinary Institutions, and 5 in Mental Hospitals. The Guardians and Officers of these Institutions urged strongly that these children should not remain there, and in practically every case attempts had been made to get the children admitted to an institution specially provided for the mentally defective, but owing to the great scarcity of accommodation it had been impossible to effect their removal. Many of these children are a nuisance and a source of annoyance to the older inmates of the Poor Law Institutions and still more so to the patients in Mental Hospitals ; they cause considerable trouble to the nursing staff who have neither the time nor the proper facilities for training them ; and moreover it is an injustice to the children themselves to deprive them of the training they

so much need. Of all the urgent needs in the field of mental deficiency the provision of colony accommodation for lower grade children seems to be one of the most urgent. We found a consensus of opinion among the various officers in the investigated areas conversant with the problem presented by these lower grade defective children needing institutional care that it should be the duty of one authority, namely, the Local M.D. Authority, to make the necessary provision for this group of children ; and the classification in Table 25 (A) is based upon this assumption of *unified control.*

We also give in Table 25 (B) (1)–(4) for the sake of comparison, a classification of these children based upon *present statutory conditions.* The figures for this latter table do not include the lower grade children dealt with at the time of our inquiry by the Poor Law Authorities because under present statutory conditions they are not subject to be dealt with under the Mental Deficiency Acts. The exclusion of this comparatively small group makes but little difference to the total incidence figures of lower grade children in need of colony accommodation.* We therefore attach but little importance to the figures given in Table 25 (B), and do not propose to discuss them in detail.

(1) *Numbers requiring accommodation in colonies.*

The mean incidence of lower grade children in the whole country requiring colony accommodation is ·44 per 1,000 total population (Table 25 (A) (2)). On this basis the total colony accommodation needed in the whole of England and Wales for imbecile and idiot children would be 17,297 (Table 25 (A) (3)). In Tables 25 (A) (4) and 25 (B) (4) we give a further sub-classification of this colony group of children into those who could be trained in a " class "† and those who in our opinion, were " untrainable." Practically all the children allocated to this latter group were of the idiot grade, but a few of the lower grade imbeciles were also placed in this group. The " class " cases were all of the imbecile grade. The incidences of the " class " group are about three times as great as that of the " untrainable " group.

(2) *Numbers left in the general community.*

The incidence of lower grade children left in the general community is ·35 per thousand total population (Table 25 (A) (2)) ‡, and this figure yields an estimate of 13,610 children in this category for the whole of England and Wales (Tables 25 (A) (3)).

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* When we come to the classification of the adult defectives on these two bases we shall find that the figures differ considerably.

† *See* Committee's Report, Part II, Chapter IV, para. 69 *et seq.*

‡ As the Poor Law Authorities did not deal with any children allocated to this group the figures in Tables 25 (A) and 25 (B) are the same.

The lower grade children remaining at home have been sub-classified into those who could and those who could not attend Occupation Centres. In most rural areas it is obviously impossible to establish these Centres, and the low incidence of ·23 per 1,000 total population given in Table 25 (A) (4) indicates how difficult it is to do so even in the thickly populated towns unless the basis for attendance at these centres is widened.

The smallest Occupation Centre that is economically practicable is one with about 10 children on the roll, and we deduce from the above data that this number of lower grade children (ages 5–16) would be scattered among an urban population of 43,000.* It appears as if the difficulty and cost of conveyance to and from the Centre make it almost impossible under present conditions to extend greatly the organisation of this method of provision for the lower grade children living at home ; and this is all the more regrettable when it has been proved that valuable training can be given at these Centres. The difficulties of organisation which these occupation centres present could probably be more easily overcome by the Local Education Authorities than the Local M.D. Authorities. The difficulty due to the smallness of numbers would also be mitigated if some of the lowest grade of the feeble-minded children could be transferred to Occupation Centres ; many of these children make no progress even after several years attendance at Special Schools or Classes for educable children,† and they would undoubtedly receive greater benefit from the kind of training given in Occupation Centres.

II. ADULTS.

A. Adult Defectives requiring Institutional Care.

The first broad classification of adult defectives for administrative purposes is into those who need institutional care of one kind or other and those who could be left in the general community. The numbers of the ascertained adult defectives in the investigated areas whom we allocated to the category of those needing institutional care are given in Table 26 (A) (1). Of the 2,730 adult defectives ascertained, 1,509 (55 per cent.) are recommended for institutional care. Of these, 1,509 no fewer than 1,184 (78 per cent.) were already in various institutions ; and this number corresponds to an incidence of 1·90 per thousand of the total population investigated.‡ Therefore the suggested classification in respect of institutional accommodation is to a great extent a redistribution of the mental defectives already in

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* The figures given in Part II, Chapter VIII of the Committee's Report (para. 154) differ materially from this since their calculations are based on Table 14 and contemplate a modification of the present system involving the inclusion of a number of feeble-minded children.

† Ch. 4, page 89.

‡ There were also 138 imbecile and idiot children in various institutions and these increase this figure to 1,322, i.e. 2 · 12 per thousand of the population.

institutions with a view to greater efficiency and probably in the long run greater economy, the redistribution being necessary because a considerable number of these defectives were in institutions where no special provision was made for their care and training. We must emphasise however that there were large numbers of adult defectives placed in the "non-institutional" category who would benefit greatly from a few years' residence and training in a colony; and if they could be given these facilities it would be ultimately to the advantage not only of the defectives themselves but also of the general community. We have however in view of the heavy cost of institutional care erred on the side of giving minimum figures for adult defectives requiring this form of provision.

The incidences per thousand population of the adult defectives requiring institutional care are 1·92 for urban and 2·95 for rural areas (Table 26 (A) (2)). If these incidences are applied to the urban and rural populations of England and Wales it is estimated that there are about 60,000 adult defectives in urban and about 24,000 in rural areas, making a total of 84,000 adult defectives in the whole country for whom institutional accommodation of one kind or other is necessary (Table 26 (A) (3)). This figure corresponds to a mean incidence of 2·13 per thousand total population.

We have classified the adult defectives needing institutional care on the two bases discussed in the previous paragraph relating to lower grade defective children, namely (a) *Unified Control,* in which case all defectives would come under the jurisdiction of a single Authority, and (b) *Present Statutory Conditions,* in which case the defectives who at the time of our inquiry were being dealt with by the Poor Law Authorities (consisting of those in the ordinary Poor Law Institutions, rate-aided patients in Mental Hospitals, and those receiving outdoor relief) are excluded from the numbers for whom the Local M.D. Authorities are responsible.*

We have also classified the adult defectives according to the type of institutional accommodation we thought most suitable for each case. The standards and criteria adopted in making this further classification are admittedly somewhat arbitrary, and we do not wish to imply that our figures can be applied rigidly to all types of areas. It is however hoped that this classification may give some indication of the relative numbers in the various groups of institutional cases.

The mentally defective adults are allocated to Colonies, State Institutions or Mental Hospitals. The colony cases are classified into (*a*) younger—(ages 16 to 30 approximately); (*b*) older patients (broadly over 30 years of age). Most of the younger adults it may be assumed will be accommodated in the central colonies, and most of the older patients will occupy the ancillary premises or the simpler types

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* A third classification is discussed on page 160.

of institution.* The State Institution is specially reserved for patients who have dangerous or violent propensities and is under the direct management of the Board of Control. There was also a comparatively small group of extremely difficult cases which we felt required the special care and precautions afforded only in Mental Hospitals; this group contained defectives in a maniacal condition, epileptic cases who frequently made dangerous homicidal attacks and defectives with suicidal tendencies. Almost every case allocated in these tables to Mental Hospitals was at the time of our investigation already in one of these institutions, and in every instance the Medical Officer of the Mental Hospital agreed that the patient would not be a suitable case for a colony or a simpler type of institution.

(1) *Colony Accommodation required for Adults.*

(a) *Unified Control.*—The numbers of mentally defective adults allocated to colonies in the urban and rural areas investigated, if all defectives were dealt with by one authority, are given in Table 26 (A) (1), the corresponding incidences being 1·74 per thousand population in the urban areas and 2·72 per thousand population in the rural areas (Table 26 (A) (2)). The incidences of the younger and the older groups are ·96 and ·79 per thousand population respectively in urban areas, and 1·23 and 1·49 respectively in rural areas. These incidences when applied to the urban and rural population of England and Wales yield the estimates given in Table 26 (A) (3). The estimated total colony accommodation required under this scheme for adult defectives in the whole country is 76,262; this corresponds to a mean incidence of 1·94 per thousand population.

(b) *Under Present Statutory Conditions.*—The numbers of adult defectives in the investigated areas allocated to colonies on the basis of Present Statutory Powers as these had been exercised by the Local M.D. Authorities of the investigated areas are given in Table 26 (B) (1), the corresponding incidences being ·65 per thousand population in urban and 1·13 in rural areas. These incidences when applied to the population of England and Wales yield estimates given in Table 26 (B) (3). It will be seen that on this basis it is estimated that the colony accommodation required for adult defectives is 29,406, which is equivalent to a mean incidence of ·75 per thousand population.

(c) *Younger and Older Adults.*—The numbers of younger and older patients allocated to the colonies on the basis of Unified Control are much the same, 39,894 of the younger and 36,679 of the older group, the corresponding incidences being 1·01 and 0·93 per thousand population respectively. The numbers of younger and older patients on the basis of Present Statutory Conditions, on the other hand, differ considerably. Instead of being nearly equal,

* *See* Part III of the Committee's Report.

there are 22,777 of the younger and only 6,629 of older defectives, the corresponding incidences being ·58 and ·17 per thousand population respectively. Therefore when we eliminate from all the institutional cases those who are at present dealt with by the Poor Law Authorities, much the greater part of the deduction occurs among the older group of patients. This suggests that most of the adult defectives at present in the Poor Law Institutions and Mental Hospitals are those who have spent several years in the general community, and during this time were so neglected that they deteriorated to a condition which made it necessary to remove them to one or other of these institutions. Many of these cases could be pronounced permanent failures at the time of their admission, and not a few of them had added considerably to the liabilities of the community by becoming parents before entering the institution. It is important to note that the younger mentally defective adults are not to be found in correspondingly large numbers in the ordinary Poor Law Institutions or Mental Hospitals, and it is with this group that the work of a preventive character has to be done. Therefore our data suggest that the provision of institutional accommodation and training for the younger adult patients is even under present conditions left in a large measure to the Local M.D. Authorities, or at any rate that it is not made by the Poor Law Authorities.

A comparison of the numbers of younger and older patients allocated to colonies (Tables 26 (A) and (B)) in urban and rural areas respectively is of some interest. It will be seen that in the rural areas there are relatively much larger numbers of older patients in need of institutional care. The conditions which we think account for this disparity have been discussed previously* and here it is only necessary to point out that the proportion of older patients requiring colony care will be much higher in rural than in urban areas. This has some bearing upon the allusion made in Part III of the Committee's Report to the possibility of converting some of the Poor Law Institutions, if the buildings prove suitable, into the simpler type of institution required for older mentally defective patients. If this policy be adopted, the need for such accommodation will be proportionately greater in rural than in urban areas, and it is probable that the Poor Law accommodation available for this group of patients is more likely to be found in the country than in the towns.

(d) *Sub-classification according to degree of employability of Younger Adults allocated to Colonies.*—The younger† adult defectives allocated to colonies have been sub-classified into those who were

* Chapter 4.

† No sub-classification of the older adults on this basis is given in this Report, though naturally a larger proportion of this group would be unemployable than of the group of younger adults. Probably it is safe to assume that about one-half of those in the group of older adult defectives would be unemployable.

(a) *employable* : this group includes all grades of employable cases from those who could do skilled work of the type that higher grade feeble-minded adults are capable of doing under supervision, to those who could do only the simplest tasks, e.g. polishing floors ; and (b) *unemployable* : this group is further divided into those (i) able to walk and (ii) cot and chair cases*. Although there is a general correspondence between degree of employability and mental grade, the correlation as already shown is not complete† ; practically all the cases allocated to the group of the " unemployable " were imbeciles and idiots, although the " employable " group included a fair number of the higher grade imbeciles.

Table 26 (A) (4) gives the incidences per 1,000 population corresponding to the numbers allocated to each of these groups if the statutory conditions of Unified Control prevailed. The mean incidence figures for the whole country indicate that for each unemployable young adult allocated to a colony there are four that are employable. The proportion of the employable group is decidedly higher in rural than in urban areas.

Table 26 (B) (4) gives the corresponding incidences for those allocated to colonies under Present Statutory Conditions. The mean incidences for England and Wales indicate that there would be five times as many " employable " as " unemployable " cases ; and this signifies that the excluded group of cases dealt with by the Poor Law Authorities includes a relatively higher proportion of unemployable cases. The figures also show a disparity between the proportions of these two types of case in urban and rural areas, the proportion of the " employable " cases being decidedly higher for the rural areas.

(2) *State Institutions.*

It is generally agreed that all feeble-minded persons with dangerous or violent tendencies should be dealt with by one authority. All the 19 adults (Table 26 (A) (1)) whom we allocated to the State Institutions were of the feeble-minded grade. The number is too small to form a reliable basis for an estimate for the whole of England and Wales, but if it be accepted we estimate that in the whole country there are 1,179 such cases. A large proportion of this type of case comes from the criminal section of the community ; and we have previously stated that our investigation of this group was most incomplete. Therefore, it is highly probable that our estimate of the numbers of mentally defective adults who require the care given in a State Institution is far too low.‡

* The numbers of defectives allocated to these last two categories were small, and therefore the statistical reliability of the incidence figures for these groups is low.

† Chapter 4, page 124.

‡ In recent years some lower grade defectives of dangerous or violent propensities have been admitted to the State Institution. No patients of this class were included among the 19 cases we allocated to this type of institution ; and this omission makes our estimate still more incomplete.

(3) *Mentally Defective Adults in Mental Hospitals.*

Of the 381 mentally defective adults (Table 16 (C)) ascertained in the Mental Hospitals of the six investigated areas there were 106 either in an acute psychotic condition or so difficult to control that they required the special treatment and care of a Mental Hospital. Of the remaining 275 patients we formed the opinion, after consulting the Medical Officers, that they could, as far as their mental condition alone was concerned, be dealt with satisfactorily in a colony for younger or older patients. The transference of these patients from Mental Hospitals to Colonies involves problems of administration which are scarcely within the scope of this inquiry. On the basis of our figures for the investigated areas we estimate that in the whole country there are about 21,600 mentally defective adults in Mental Hospitals. On January 1st, 1928, there were 118,329 patients altogether in these institutions, and, therefore, it seems that about 18 per cent. of the patients in our Mental Hospitals are amentia cases. We estimate that about 6,000 of these are in such a mental condition that they should remain in the Mental Hospitals; but the remaining 15,000 could, as far as their mental condition is concerned, be transferred to colonies or simpler institutions under the Mental Deficiency Acts.

B. Adult Defectives left in the General Community.

We shall now discuss the adult defectives who, it was thought, could be left in the general community (non-institution cases); and we shall again give numbers for the two administrative systems of (*a*) Unified Control and (*b*) Present Statutory Conditions. The administrative classification of this group of defectives is however rendered somewhat difficult by the fact that there are not such definite criteria for determining which defectives are "subject to be dealt with" under the Mental Deficiency Acts as for determining those who require institutional care. The amendments introduced by the Act of 1927* will no doubt result in extending the benefits of statutory provisions to a larger group of defectives living in the general community; but it was obviously impossible for us to classify the defectives ascertained in the present investigation in accordance with these amendments. Therefore as regards this group of non-institution adult cases we have simply indicated the incidence figures for those who in our opinion should be placed under guardianship, and the remainder have been grouped together as cases requiring some form of supervision ranging from the stricter statutory supervision under the Acts to the more indefinite forms of friendly or voluntary supervision.

(1) *Numbers.*

(a) *Under Unified Control.*—The following table (X) gives the relative proportions of adult defectives in the investigated areas whom

* *See* Committee's Report, Part I, Chapter III, para. 38.

we allocated to the institution and the non-institution groups respectively, assuming that all adult defectives came under the jurisdiction of one authority.

TABLE X.

Incidence per thousand population.

Adult Defectives.	Urban.			Rural.			Mean for England and Wales.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Institution Cases ..	0·95	0·97	1·92	1·30	1·65	2·95	1·02	1·11	2·13
Non-Institution Cases	0·68	0·60	1·29	1·38	1·28	2·66	0·82	0·74	1·56

It is seen that as compared with the mean incidence of 2·13 per thousand population of the institution group, the mean incidence of the adult defectives who could be left in the general community is 1·56 per thousand population ; that is, about 42 per cent. of all the ascertained adult defectives were allocated to the non-institution group. On the basis of these figures it is estimated that there are 61,722 adult mental defectives (Table 26 (A) (3)) who would remain in the general community. Probably this under-estimates considerably the numbers of this group ; because though comparatively few of the adult defectives in institutions were overlooked in the course of our inquiry, there were undoubtedly many adult defectives living in the general community, especially in urban areas, who were not ascertained, and it is reasonable to assume that the majority of the unascertained defectives in the general community of the investigated areas were living a fairly harmonious life under good parental care.

It is of interest to note in passing that we allocated a higher proportion of adult defectives to the non-institution group in the rural than in the urban areas. This is attributable in some degree to the fact that when allocating defectives to one or other of the two groups, institution or non-institution, we were influenced by the fact that certain types, especially the harmless lower grade defectives, are likely to be happier in the general community of the quiet rural district than in that of a large town. We were also influenced by the view that it is relatively easier to find suitable foster parents in the country villages than in the towns. Moreover, as already noted,* in industrial areas such as the North Country cotton town, where it frequently happens that both parents are employed outside the home, there are relatively many more defectives in need of institution care than in the country areas where most mothers remain at home.

(b) *Under Present Statutory Conditions.*—If the cases in the general community under the jurisdiction of the Poor Law

* Chapter 4.

Authorities, that is, those receiving outdoor relief, are excluded, the incidences of adult defectives then allocated to the non-institution group are shown in the following table.

TABLE Y.

Incidence per thousand population.

Adult Defectives.	Urban.			Rural.			Mean for England and Wales.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Institution Cases ..	0·35	0·32	0·67	0·45	0·70	1·15	0·37	0·40	0·77
Non-Institution Cases	0·59	0·53	1·12	1·25	0·94	2·19	0·72	0·61	1·33

A comparison of the two preceding tables (X and Y) shows that the exclusion of the Poor Law cases produces a much greater reduction in the incidence of institution than of the non-institution cases. Although the number of adult defectives in receipt of outdoor relief is fairly large, by far the largest section of the non-institution cases received no financial aid from any public authority. Applying the incidence figure of 1·33 per 1,000 population given in Table Y to England and Wales we estimate that there would be about 52,000 adult defectives left in the general community for whom no public authority other than the Local M.D. Authorities would provide training, care and supervision, if the parents or relatives were unable to make the necessary provision.

(2) *Sub-Classification of Non-Institution Adult Cases.*

The two forms of care that the Local M.D. Authority can exercise over defective adults living in the general community are guardianship and supervision, and therefore we have sub-classified the cases ascertained in the six investigated areas according to the particular form of care the defectives needed. Those who required most care we placed in the guardianship group, especially if they were, or in our opinion should be, living with foster parents. In this category we also placed all the adult defectives actually in receipt of financial aid from a public authority at the time of our inquiry and also a few others whose circumstances, in our opinion, justified contributions being made to their guardians from public funds. All those not allocated to the guardianship group we placed in the category of those needing supervision, statutory or voluntary.

In endeavouring to classify non-institution cases into these two groups we realised the need for other forms of control intermediate between the stringent conditions of guardianship and the indefinite care provided by supervision. In the guardianship group we placed many cases simply because the parents or relatives needed financial help; the home conditions were quite satisfactory, and the parents or relatives exercised adequate care and supervision of the defective.

The conditions of guardianship required by the Regulations under the Mental Deficiency Act scarcely seem suitable for many of these cases; and we were told in the course of our inquiries by several parents and relatives that they preferred Poor Law outdoor relief for the defective to undertaking the responsibility of guardianship under the Mental Deficiency Act. On the other hand many have been placed in the supervision group who need much more care than occasional friendly visits from the officers of the Local Authority or those of a Voluntary Association. About 11 per cent. of the cases placed in the supervision group were potential institutional cases, that is, it was probable that in the near future their removal to an institution would become necessary; and this group of cases naturally required specially close supervision by the Local Authority

TABLE Z.

Sub-classification of non-institution adult defectives.

Incidence per thousand population.

(a) *Unified Control.*

	Urban.			Rural.			Mean for England and Wales.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total
Guardianship	0·14	0·09	0·23	0·29	0·48	0·78	0·17	0·17	0·34
Supervision	0·55	0·51	1·06	1·08	0·80	1·88	0·66	0·57	1·22

(b) *Present Statutory Conditions.*

	Urban.			Rural.			Mean for England and Wales.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Guardianship	0·04	0·02	0·06	0·16	0·14	0·30	0·06	0·04	0·11
Supervision	0·55	0·51	1·06	1·08	0·80	1·88	0·66	0·57	1·22

(a) *Under Unified Control.*—On the basis of the mean incidence for the whole country the above Table Z (a) shows that if all adult defectives are dealt with by a single Authority one out of every five remaining in the general community requires some form of guardianship and the other four some form of supervision. Relatively much larger numbers, especially women, have been allocated to the guardianship group in rural than in urban areas, the explanation being that harmless defectives for whom financial aid and general supervision by the Local Authority is all that is required can be left in greater numbers in rural than in urban communities.

The mean incidences for the system of Unified Control when applied to the total population of England and Wales yield estimates of about 13,000 adult defectives who should be placed under guardianship and about 48,000 who would require some form of supervision.

(b) *Under Present Statutory Conditions.*—Naturally the exclusion of the Poor Law cases reduces considerably the numbers of guardianship cases, the estimate of the total numbers in England and Wales falling from 13,300 under Unified Control to about 4,300 under Present Statutory Conditions. Instead of one in every five cases left in the general community being placed under Guardianship, the proportion falls to one in every eleven (Table Z (b)). In each of the investigated areas there were a number of the younger adults who, though in receipt of Poor Law relief at the time of the inquiry, we thought would not need this form of aid had the Local M.D. Authority an efficient organisation for supervising and training these cases When left to fend for themselves not a few of the adult mental defectives failed to keep their situations and became a financial burden upon the community; whereas if, after receiving suitable training, they had been placed under the supervision and guidance of an efficient officer of the Local Authority, many of these defectives would probably have been able to earn sufficient wages to contribute materially towards their own maintenance and to live happily in the general community.

III. CHILDREN AND ADULTS.

A. Total Colony Accommodation required for Mental Defectives.

(1) *Numbers.*

It remains to give the total figures of the Colony accommodation required for the mentally defective of all ages. The figures will be given again on the two bases of (*a*) Unified Control and (*b*) Present Statutory Conditions; the incidence rates are already given in Tables 24–26 but for convenience are reproduced below in a more concise form.

(a) *Unified Control.*—The following Table AA (1) gives the incidence per thousand population of mental defectives requiring Colony accommodation for whom the Local M.D. Authority would be responsible under a system of Unified Control.

Table AA(1).

Incidence per 1,000 *Population.*

	Urban.	Rural.	Mean for England and Wales.
Adults—			
Younger	0·96	1·23	1·01
Older	0·79	1·49	0·93
All Ages	1·74	2·72	1·94
Children (Lower Grade) ..	0·43	0·48	0·44
Total (Children and Adults) ..	2·17	3·20	2·38

These incidences when applied to the urban and rural populations in the whole country yield the following numbers.

TABLE AA(2).

	Urban.	Rural.	Total for England and Wales.
Adults—			
Younger	29,984	9,910	39,894
Older	24,674	12,005	36,679
All ages	54,346	21,916	76,262
Children (Lower Grade) ..	13,430	3,867	17,297
Total (Children and Adults) ..	67,776	25,783	93,559

One of the Committee's recommendations* is that the Local M.D. Authority should as a rule also be responsible for the provision of residential school accommodation for feeble-minded children although the Local Education Authority would still be financially responsible for this group. Therefore as we are now discussing the *total* colony accommodation required we shall add to the above the following numbers of feeble-minded children needing Residential Special School accommodation.

TABLE AA(3).

Residential accommodation for feeble-minded children.	Urban.	Rural.	Mean and total for England and Wales.
Incidence per thousand population	0·52	0·87	0·59
Numbers for England and Wales	16,241	7,010	23,251†

† Strictly speaking the numbers of totally or partially blind and deaf feeble-minded children (amounting to about 2,600) should be deducted, as these will require separate accommodation (*see* page 144).

When these numbers are added to those given above, we obtain the following total figures for the accommodation that Local M.D. Authorities will have to provide if they become the Authorities to deal with all mentally defective persons who require Colony or Residential School care.

* *See* Committee's Report, Part II, Chapter VII.

TABLE AA(4).

Total Colony accommodation required for all mentally defective persons under a system of Unified Control.

	Urban.	Rural.	Mean and total for England and Wales.
Incidence per thousand population	2·69	4·07	2·97
Numbers	84,017	32,793	116,810†

† The numbers of mentally defective patients suitable for admission to State Institutions and in need of Mental Hospital care are not included.

(b) *Present Statutory Conditions.*—In order to arrive at the numbers of mental defectives for whom the Local M.D. Authority should provide accommodation under Present Statutory Conditions we have to exclude from the above figures those at the time of the investigation who were being dealt with by the Poor Law Authority. The figures thus obtained are given in the following tables.

TABLE AB(1).

Incidence per 1,000 *Population.*

	Urban.	Rural.	Mean for England and Wales.
Adults—Younger	0·51	0·85	0·58
Older	0·14	0·28	0·17
All ages	0·65	1·13	0·75
Children (Lower Grade)	0·35	0·44	0·37
Total (Children and Adults) ..	1·00	1·57	1·12

These incidences when applied to the total population of England and Wales yield the following estimates.

TABLE AB(2).

	Urban.	Rural.	Total for England and Wales.
Adults—Younger	15,929	6,848	22,777
Older	4,373	2,256	6,629
All ages	20,302	9,104	29,406
Children (Lower Grade)	10,932	3,545	14,477
Total (Children and Adults) ..	31,234	12,649	43,883

The following table indicates the total accommodation that would be needed if provision for children sent to Residential Special Schools were included by the Local M.D. Authorities in their Colony schemes.

TABLE AB(3).

	Urban.	Rural.	England and Wales.
Incidence per thousand population	1·52	2·44	1·71
Numbers	47,475	19,659	67,134*

* *See* footnote on page 144.

These figures which relate to the Present Statutory Conditions are however a most inadequate basis of calculation for the future; and a Local Authority that based its plans of residential accommodation required for mental defectives upon these figures would undoubtedly be adopting a short-sighted policy. The figures we give refer not to the numbers of mental defectives who might legally have been dealt with under Present Statutory Powers but rather to the numbers actually dealt with under these statutory powers as they had been exercised in the six investigated areas during the period of abnormal national conditions that have prevailed since the Mental Deficiency Act of 1913 was passed. Thus a number of mentally defective children and young adult defectives were seen in the Poor Law Institutions and Mental Hospitals of the six investigated areas who should on every ground be receiving training in colonies; and many persons who were specially interested in this problem urged strongly that more active steps should have been taken to ensure that these young people were brought to the notice of the Local M.D. Authority before it became necessary for the Poor Law or Lunacy Authority to deal with them. Even if the statutory responsibilities of the various Authorities remain as they are at present it is quite safe to assume that the Local M.D. Authorities generally will feel compelled in the future to provide much more colony accommodation, especially for the children and the younger adults, than they have hitherto done. It is not our duty in this Report to the Committee to criticise the administration of the Mental Deficiency Act in the investigated areas but rather to present the data and let these speak for themselves. We feel however that we should be guilty of a serious omission if we did not record the protests of many parents, social workers, Poor Law Guardians and Officers concerning the inadequate colony accommodation especially for the younger mentally defective persons.

We would therefore suggest that a safer basis of estimating the colony accommodation required by Local M.D. Authorities than that we have just given is to assume that they will really carry out their statutory duties and become responsible for all lower

grade children and younger adults, together with the small number of older adults already in Institutions for the Mentally Defective, that is to say, all the Colony cases included in our figures for "Unified Control" with the exception of the older adults who are being dealt with by the Poor Law Authorities.

The following are the incidences and numbers of mental defectives for whom the Local M.D. Authorities will have to provide colony accommodation on this basis.

TABLE AC(1).

Incidence per 1,000 *population.*

	Urban.	Rural.	Mean for England and Wales.
Adults—Younger	0·96	1·23	1·01
Older	0·14	0·28	0·17
All ages..	1·10	1·51	1·18
Children (Lower Grade)	0·43	0·48	0·44
Total (Children and Adults) ..	1·53	1·99	1·62

The corresponding estimates for England and Wales are :—

TABLE AC(2).

	Urban.	Rural.	Total.
Adults—Younger..	29,984	9,910	39,894
Older	4,373	2,256	6,629
All ages	34,357	12,166	46,523
Children (Lower Grade)	13,430	3,867	17,297
Total (Children and Adults) ..	47,787	16,033	63,820

If to these we add the feeble-minded children requiring Residential Special School accommodation for whom the Local Education Authorities are financially responsible we arrive at the following total estimates.

TABLE AC(3).

	Urban.	Rural.	Total.
Incidence per 1,000 population ..	2·05	2·86	2·21
Total numbers	64,028	23,043	87,071

These figures show that even if " Unified Control " is not adopted the total Colony accommodation to be provided by the Local M.D. Authorities alone in the near future is about 64,000 ; and additional accommodation for about 23,000 feeble-minded children will be required in Residential Special Schools. It should be borne in mind however that the numbers of the older patients in this group will continue to increase for a generation or two, because the younger adults when they become older will remain under the jurisdiction of the Local M.D. Authority, and will not be transferred to the Poor Law Authority.

(2) *Suggestions for estimating the Amount of Colony Accommodation required in Areas of Different Types and Sizes.*

It may be helpful to give examples of the application of the incidences given in the preceding tables to areas forming administrative units, either urban or rural in character, with a population of 500,000. The estimates thus arrived at are given in Table 27. Table 27 (A) gives the figures for a system of Unified Control in which all defectives would be dealt with by one authority, and Tables 27 (B) and (C) give figures for the two modifications we have discussed of the Present Statutory Conditions, the former excluding all defectives within the jurisdiction of the Poor Law Authorities at the time of our investigation, and the latter excluding only the older adult defectives within the jurisdiction of these authorities. The figures in these three tables do not include the feeble-minded children in need of Residential Special School accommodation.

Most areas are however not exclusively urban or rural but include both urban and rural districts. It will be possible to calculate the Colony accommodation required for a hybrid area by applying the incidences given in Tables AA(1), AB(1) and AC(1) to the total urban and rural populations* in the administrative area. The following formulæ indicate the calculations necessary to estimate the numbers requiring colony accommodation under a system of Unified Control, or either of the two modifications possible under Present Statutory Conditions :—

A. Unified Control—

$$2{\cdot}17 \times u + 3{\cdot}20 \times r$$

B. Present Statutory Conditions—

(1) $1{\cdot}00 \times u + 1{\cdot}57 \times r$

(2) $1{\cdot}53 \times u + 1{\cdot}99 \times r$

u representing the total urban population divided by 1,000 and r the total rural population divided by 1,000.

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* *See* Footnote Chapter 3, page 80.

B. Total Number of Mental Defectives left in the General Community.

To obtain a comprehensive view of the problem presented by the mentally defective who according to our classification would remain in the general community we must add together the estimated numbers of adults and children of all grades. The numbers of adults of all grades in the non-institutional group in England and Wales are calculated to be 61,722 (Table 26 (A) (3)). The lower grade children (imbeciles and idiots) in this category amount to 13,610 (Table 25 (A) (3)); and the numbers of feeble-minded children (ages 7–16) allocated to day schools are 81,258 (Table 24 (3)). These numbers total to 156,590.*

This figure gives some idea of the magnitude of the problem that has been termed "the socialisation of the mentally defective." The success with which this problem is solved depends on a two-fold adaptation—of the defective to his environment and of the environment to the defective. The number of the mentally defective that can be safely left in the general community depends largely upon how much the community is prepared to do in giving them appropriate training when they are young, in finding occupations suited to their abilities, in safeguarding them from unequal competition with persons better endowed mentally and physically, and in ensuring for them adequate care, supervision and control in their homes. Our experience in the course of the present investigation confirms us in the view shared by many workers in this field, that it is the lack of proper training and the failure to secure suitable occupation which give rise to the anti-social behaviour of large numbers of the higher grade defective adults. For this group of defectives, the most potent socialising factors are education of a practical nature during youth and adolescence, and constant employment later. In this sphere as in all others that concern the mental welfare of the community, much depends upon the training and education the children receive during their school years. The results already achieved by the practical training given in many of the Day Special Schools of our large towns prove that much can be done to ensure that the stable feeble-minded children become useful members of the general community. A great deal of the valuable work done by these schools however would have been wasted were it not for efficient after-care work; the timely help and guidance of social workers have prevented many of this group becoming social failures. Where the after-care work has been well organised, the records of adults who are old pupils of the Day Special Schools are most encouraging.

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* The feeble-minded under seven years of age are not included in this estimate. The most complete estimate of mental defectives left in the general community is obtained by subtracting the total number allocated to institutions of all kinds (124,284) from the total given in Table 10, namely, 288,556 and thus we get the figure 164,272.

Unfortunately however this branch of social service is well organised in but a few areas, whilst in many parts of England and Wales it does not even exist. Although in the six investigated areas we have allocated no less than 72 per cent. of the mentally defective children and 45 per cent. of the mentally defective adults to the group that could remain in the general community, this does not imply that there exist at present in these areas suitable educational and training facilities for these defectives, or that the social services which undertake the care and supervision of defectives living in the general community are sufficiently organised to deal adequately with the problem. If however the nation is prepared to make the necessary provision for their education, training and supervision, these mentally defective children and adults could, so far as their mental characteristics, behaviour and home conditions are concerned, live harmoniously in the general community ; if, on the other hand, this provision is not made, many of them will sooner or later require the more costly provision of an Institution or Colony.

APPENDIX A.

STATISTICAL TABLES.

General Notes.

(i) In almost all the tables which include incidence rates the figures have been calculated to the nearest second place of decimals, and in consequence the sum of the individual incidence figures does not in every case agree with the side or foot totals, as these have been obtained by direct calculation. This also applies to total numbers in Urban and Rural areas in the country as a whole, where these have been calculated from incidence figures in which an apparent discrepancy of this nature occurs.

(ii) In some tables a mean incidence rate for the six investigated areas is given. This incidence rate is not applicable to the population of the country as a whole, for whereas in the investigated areas the Urban and Rural populations are approximately equal, the Urban population of England and Wales is practically four times as large as the Rural population. A mean incidence rate which will be approximately correct for the country as a whole can however be obtained from the mean rates given for the investigated Urban and Rural areas by applying the simple formula $\frac{4\,U + R}{5}$, where U is the incidence rate for the investigated Urban areas and R that for the Rural areas.

This method is however liable to a small margin of error, and in calculating the mean incidence rates for England and Wales which are given in various tables, the following alternative procedure has been adopted. The numbers of defectives in the Urban and Rural areas of England and Wales have been estimated by applying the incidence rates for the investigated Urban and Rural areas to the Urban and Rural populations of the country. The sum of these numbers has then been expressed as a rate per 1,000 of the total population of the country.

(iii) A few explanatory notes are also necessary in regard to the arithmetical methods adopted in estimating the numbers of defectives of various grades in the country as a whole. In the first place, it will be seen that somewhat different estimates are given in Tables 10 (A) and 25 (A) of the lower grade defective children, and in Tables 10 (B) and 26 (A) of mentally defective adults. These variations are due to the fact that the estimates have been based upon different populations. From the scientific standpoint the estimates given in Table 10, which are based on sex population, are probably the most accurate that can be obtained from the data. On the other hand, those given in Tables 24 to 26, which are based on total population, have the merit of being more easily calculated and applied. The figures calculated on both bases agree on all essential features of administrative and scientific importance.

Secondly, it should be observed that the numbers of defectives in England and Wales given in these tables are liable to a margin of error, on account of the incidence rates from which they are derived being calculated only to the nearest second place of decimals. Thus, the total numbers given in Table 10 (C) consist of the sum of several smaller numbers, each of which may for this reason be slightly inaccurate, and the cumulative effect of these inaccuracies has probably resulted in an error of several hundreds in the grand total. An error of ·01 per thousand in an incidence figure would, for example, cause an error of nearly 400 when applied to the total population of England and Wales.

It will be appreciated, therefore, that on account of statistical factors alone, the numbers of defectives in the whole country, calculated from our data in the investigated areas, must be regarded as somewhat approximate. It is probable however that the inaccuracy due to the incompleteness of ascertainment is of greater importance than these statistical inaccuracies.

(iv) We have discussed in Chapter 3 the marked difference of the incidence of mental defect in urban and rural areas. When comparing the incidence of mental defect in these areas much depends upon what sections of the population we take as a basis of our calculations. Thus, the relative incidence of mental defect among children in these two types of area, when calculated per thousand total population, differs considerably from that obtained on the basis of school population ; for whereas the total populations of each of the investigated areas were approximately equal, the school populations in the investigated urban areas were appreciably larger than those of the rural areas (Table 1). For example Table 14, which is based on school population, shows that the incidence of mental defect among children between 7 and 14 is practically twice as high in the rural as in the urban areas. Table 15, on the other hand, shows the total incidence in respect of the same group of children, when based on total population, to be only half as high again in the rural as in the urban areas. Again, when the population under 16 is used as the basis of calculation, as in Tables 8 and 9, it will be seen that while a decidedly higher incidence in rural than in urban areas is indicated, the difference is not quite so marked as that shown by Table 14, though it is greater than that shown by Table 15.

INDEX TO TABLES.

I. Preliminary Statistics.

Table 1.

AREAS AND POPULATIONS INVESTIGATED.

Area.	Total Intercensal Population (Year 1926.)	School Population.*
(1)	(2)	(3)
Urban Area A.		
An Extra-Metropolitan Urban Area ..	105,065	17,268
Urban Area B.		
A Cotton Town in the North of England	103,344	15,320
Urban Area C.		
An Urban Area in the Midlands—chiefly Mining and Steel Industries	109,280	18,301
Total for Urban Areas	317,689	50,889
Rural Area D.		
An Agricultural Area in the East of England.	99,204	13,302
Rural Area E.		
A Rural Area, including one large town,† in the South West of England.	103,937	12,454
Rural Area F.		
A Welsh Rural Area	102,050	13,361
Total for Rural Areas	305,191	39,117
Grand Total	622,880	90,006

* "School population" includes all children from the investigated area whose names are on the registers of the Public Elementary Schools and Special Schools together with those children from the area who have been excluded from the Public Elementary Schools because they have some mental or physical defect. It is thus confined, broadly speaking, to children between 5 and 14 years of age; but it also includes a few children under 5 and over 14 who are attending Public Elementary Schools a few children between 14 and 16 attending Special Schools, and some notified children under 16. Children in Private Schools or Secondary Schools are not included.

† *See* Ch. 1, page 10.

Table 2.

AGE DISTRIBUTION OF POPULATION.

The numbers of persons in certain age-groups in England and Wales and in the investigated areas* expressed as percentages of the total population.

Area.	Age-groups.						
	0–14	15–19.	20–29.	30–39.	40–49.	50–59.	60+
England and Wales ..	27·8	9·2	16·1	14·6	13·2	9·6	9·5
Urban Area A ..	29·2	9·8	16·6	14·7	13·2	9·2	7·3
,, ,, B ..	24·1	8·9	16·5	16·4	14·4	10·6	9·1
,, ,, C ..	33·7	10·1	16·7	13·3	12·0	7·6	6·6
Rural Area D ..	29·1	8·2	13·0	12·9	11·9	10·6	14·3
,, ,, E ..	24·8	8·6	15·0	14·0	13·2	11·1	13·3
,, ,, F ..	23·6	8·6	15·3	13·5	13·2	11·5	14·3

* The figures in this Table are those given in the 1921 Census for the whole administrative areas. The populations given in column (2) of Table 1 (with one exception) are those of only a part of these administrative areas.

II. General Ascertainment and Incidence.

Table 3.

SUMMARY OF ASCERTAINMENT.

Area.		Total Numbers of Defectives ascertained.	Ascertainment per 1,000 of total population.
Urban Area A ..	Children* ..	332	3·16
	Adults† ..	268	2·55
	Total	600	5·71
Urban Area B ..	Children ..	326	3·15
	Adults ..	377	3·65
	Total	703	6·80
Urban Area C ..	Children ..	457	4·19
	Adults ..	375	3·42
	Total	830	7·60
Rural Area D ..	Children ..	498	5·02
	Adults ..	468	4·72
	Total	966	9·74
Rural Area E ..	Children ..	500	4·82
	Adults ..	635	6·11
	Total	1,135	10·93
Rural Area F ..	Children ..	491	4·81
	Adults ..	609	5·97
	Total	1,100	10·78
Six areas ..	Children ..	2,604	4·18‡
	Adults ..	2,730	4·38‡
	Total	5,334	8·57‡

* i.e. all persons who have not attained their 16th birthday.

† i.e. all persons over 16.

‡ These incidence rates are not applicable to the country as a whole—*see* General Notes on page 165.

Table 4.

Grade Ascertainment in each area.

(A) *Children.*

Area.	Ages.	Feeble-minded.			Imbeciles.			Idiots.			All grades.		
		M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Urban Area A ..	7—	19	9	28	4	7	11	3	2	5	26	18	44
	7+	110	104	214	43	22	65	7	2	9	160	128	288
	Total	129	113	242	47	29	76	10	4	14	186	146	332
Urban Area B ..	7—	27	14	41	9	10	19	1	—	1	37	24	61
	7+	117	97	214	23	13	36	8	7	15	148	117	265
	Total	144	111	255	32	23	55	9	7	16	185	141	326
Urban Area C ..	7—	23	12	35	9	4	13	3	—	3	35	16	51
	7+	183	159	342	25	28	53	6	5	11	214	192	406
	Total	206	171	377	34	32	66	9	5	14	249	208	457
Rural Area D ..	7—	21	21	42	7	10	17	3	1	4	31	32	63
	7+	199	166	365	32	23	55	8	7	15	239	196	435
	Total	220	187	407	39	33	72	11	8	19	270	228	498
Rural Area E ..	7—	28	19	47	7	1	8	—	1	1	35	21	56
	7+	178	183	361	37	30	67	9	7	16	224	220	444
	Total	206	202	408	44	31	75	9	8	17	259	241	500
Rural Area F ..	7—	16	16	32	8	7	15	1	—	1	25	23	48
	7+	206	164	370	34	26	60	6	7	13	246	197	443
	Total	222	180	402	42	33	75	7	7	14	271	220	491
	7—	134	91	225	44	39	83	11	4	15	189	134	323
	7+	993	873	1,866	194	142	336	44	35	79	1,231	1,050	2,281
Totals		1,127	964	2,091	238	181	419	55	39	94	1,420	1,184	2,604

Notes.—1. In this and other Tables, the "7—" group includes all children who have not attained their seventh birthday, and the "7+" group includes all children who have attained the age of seven but are under the age of sixteen.

2. The precise application of the terms "Feeble-minded", "Imbecile" and "Idiot" in this and in all other Tables relating to children, is explained in Chapter 2.

Table 4—continued.

(B) *Adults.*

Area.	Feeble-minded.			Imbeciles.			Idiots.			All grades.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Urban Area A ..	93	105	198	29	25	54	11	5	16	133	135	268
,, ,, B ..	168	126	294	35	36	71	8	4	12	211	166	377
,, ,, C ..	121	165	286	40	27	67	14	6	20	175	198	373
Rural Area D ..	162	196	358	55	34	89	11	10	21	228	240	468
,, ,, E ..	208	268	476	68	63	131	14	14	28	290	345	635
,, ,, F ..	232	239	471	58	56	114	8	16	24	298	311	609
Total ..	984	1,099	2,083	285	241	526	66	55	121	1,335	1,395	2,730

(C) *Children and Adults.*

Area.	Feeble-minded.			Imbeciles.			Idiots.			All grades.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Urban Area A ..	222	218	440	76	54	130	21	9	30	319	281	600
,, ,, B ..	312	237	549	67	59	126	17	11	28	396	307	703
,, ,, C ..	327	336	663	74	59	133	23	11	34	424	406	830
Rural Area D ..	382	383	765	94	67	161	22	18	40	498	468	966
,, ,, E ..	414	470	884	112	94	206	23	22	45	549	586	1,135
,, ,, F ..	454	419	873	100	89	189	15	23	38	569	531	1,100
Grand Total	2,111	2,063	4,174	523	422	945	121	94	215	2,755	2,579	5,334

Table 5.

TOTAL ASCERTAINMENT IN THE INVESTIGATED URBAN AND RURAL AREAS.

	Ages.	Feeble-minded.			Imbeciles.			Idiots.			All grades.		
		M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total.
Urban Areas	Children—												
	7— ..	69	35	104	22	21	43	7	2	9	98	58	156
	7+ ..	410	360	770	91	63	154	21	14	35	522	437	959
	Total ..	479	395	874	113	84	197	28	16	44	620	495	1,115
	Adults (16+)	382	396	778	104	88	192	33	15	48	519	499	1,018
	Total of all ages.	861	791	1,652	217	172	389	61	31	92	1,139	994	2,133
Rural Areas	Children—												
	7— ..	65	56	121	22	18	40	4	2	6	91	76	167
	7+ ..	583	513	1,096	103	79	182	23	21	44	709	613	1,322
	Total ..	648	569	1,217	125	97	222	27	23	50	800	689	1,489
	Adults (16+)	602	703	1,305	181	153	334	33	40	73	816	896	1,712
	Total of all ages.	1,250	1,272	2,522	306	250	556	60	63	123	1,616	1,585	3,201

Table 6.

INCIDENCE PER 1,000 TOTAL POPULATION.

(A) *Children.*

Area.	Ages.	Feeble-minded.			Imbeciles.			Idiots.			All grades.		
		M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Tota
Urban Area A ..	7—	0·18	0·09	0·27	0·04	0·07	0·10	0·03	0·02	0·05	0·25	0·17	0·42
	7+	1·05	0·99	2·04	0·41	0·21	0·62	0·07	0·02	0·09	1·52	1·22	2·74
	Total	1·23	1·08	2·30	0·45	0·28	0·72	0·10	0·04	0·13	1·77	1·39	3·16
Urban Area B ..	7—	0·26	0·14	0·40	0·09	0·10	0·18	0·01	—	0·01	0·36	0·23	0·59
	7+	1·13	0·94	2·07	0·22	0·13	0·35	0·08	0·07	0·15	1·43	1·13	2·56
	Total	1·39	1·07	2·47	0·31	0·22	0·53	0·09	0·07	0·15	1·79	1·36	3·15
Urban Area C ..	7—	0·21	0·11	0·32	0·08	0·04	0·12	0·03	—	0·03	0·32	0·15	0·47
	7+	1·67	1·45	3·13	0·23	0·26	0·48	0·05	0·05	0·10	1·96	1·76	3·72
	Total	1·89	1·56	3·44	0·31	0·29	0·60	0·08	0·05	0·13	2·28	1·90	4·18
Rural Area D ..	7—	0·21	0·21	0·42	0·07	0·10	0·17	0·03	0·01	0·04	0·31	0·32	0·64
	7+	2·01	1·67	3·68	0·32	0·23	0·55	0·08	0·07	0·15	2·41	1·98	4·38
	Total	2·22	1·89	4·10	0·39	0·33	0·73	0·11	0·08	0·19	2·72	2·30	5·02
Rural Area E ..	7—	0·27	0·18	0·45	0·07	0·01	0·08	—	0·01	0·01	0·34	0·20	0·54
	7+	1·71	1·77	3·48	0·36	0·29	0·64	0·09	0·07	0·15	2·16	2·13	4·28
	Total	1·98	1·95	3·94	0·42	0·30	0·72	0·09	0·08	0·16	2·49	2·33	4·82
Rural Area F ..	7—	0·16	0·16	0·31	0·08	0·07	0·15	0·01	—	0·01	0·24	0·23	0·47
	7+	2·02	1·61	3·63	0·33	0·25	0·59	0·06	0·07	0·13	2·41	1·93	4·34
	Total	2·18	1·76	3·94	0·41	0·32	0·73	0·07	0·07	0·14	2·66	2·16	4·81
Mean for the six Areas.	7—	0·22	0·15	0·36	0·07	0·06	0·13	0·02	0·01	0·02	0·30	0·22	0·52
	7+	1·59	1·40	3·00	0·31	0·23	0·54	0·07	0·06	0·13	1·98	1·69	3·66
	Total	1·81	1·55	3·36	0·38	0·29	0·67	0·09	0·06	0·15	2·28	1·90	4·18

Table 6—continued.

(B) *Adults.*

Area.	Feeble-minded.			Imbeciles.			Idiots.			All grades.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Urban Area A ..	0·89	1·00	1·88	0·28	0·24	0·51	0·10	0·05	0·15	1·27	1·28	2·55
,, ,, B ..	1·63	1·22	2·84	0·34	0·35	0·69	0·08	0·04	0·12	2·04	1·61	3·65
,, ,, C ..	1·11	1·51	2·62	0·37	0·25	0·61	0·13	0·05	0·18	1·60	1·81	3·41
Rural Area D ..	1·63	1·98	3·61	0·55	0·34	0·90	0·11	0·10	0·21	2·30	2·42	4·72
,, ,, E ..	2·00	2·58	4·58	0·65	0·61	1·26	0·13	0·13	0·27	2·79	3·32	6·11
,, ,, F ..	2·27	2·34	4·62	0·57	0·55	1·12	0·08	0·16	0·24	2·92	3·05	5·97
Mean for the six Areas.	1·58	1·76	3·34	0·46	0·39	0·84	0·11	0·09	0·19	2·14	2·24	4·38

(C) *Children and Adults.*

Area.	Feeble-minded.			Imbeciles.			Idiots.			All grades.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Urban Area A ..	2·11	2·07	4·19	0·72	0·51	1·24	0·20	0·09	0·29	3·04	2·67	5·71
,, ,, B ..	3·02	2·29	5·31	0·65	0·57	1·22	0·16	0·11	0·27	3·83	2·97	6·80
,, ,, C ..	2·99	3·07	6·07	0·68	0·54	1·22	0·21	0·10	0·31	3·88	3·72	7·60
Rural Area D ..	3·85	3·86	7·71	0·95	0·68	1·62	0·22	0·18	0·40	5·02	4·72	9·74
,, ,, E ..	3·98	4·53	8·51	1·08	0·90	1·98	0·22	0·21	0·43	5·28	5·65	10·93
,, ,, F ..	4·45	4·11	8·55	0·98	0·87	1·85	0·15	0·23	0·37	5·58	5·20	10·78
Mean for the six Areas.	3·39	3·31	6·70	0·84	0·68	1·52	0·19	0·15	0·35	4·42	4·14	8·57

Table 7.

MEAN INCIDENCE PER 1,000 TOTAL POPULATION IN THE INVESTIGATED URBAN AND RURAL AREAS.

Areas.	Ages.	Feeble-minded.			Imbeciles.			Idiots.			Al grades.		
		M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total
Urban Areas.	Children :												
	7— ..	0·22	0·11	0·33	0·07	0·07	0·14	0·02	0·01	0·03	0·31	0·18	0·49
	7+ ..	1·29	1·13	2·42	0·29	0·20	0·48	0·07	0·04	0·11	1·64	1·38	3·02
	Total ..	1·51	1·24	2·75	0·36	0·26	0·62	0·09	0·05	0·14	1·95	1·56	3·51
	Adults	1·20	1·25	2·45	0·33	0·28	0·60	0·10	0·05	0·15	1·63	1·57	3·20
	Total of all ages	2·71	2·49	5·20	0·68	0·54	1·22	0·19	0·10	0·30	3·59	3·13	6·71
Rural Areas.	Children :												
	7— ..	0·21	0·18	0·40	0·07	0·06	0·13	0·01	0·01	0·02	0·30	0·25	0·55
	7+ ..	1·91	1·68	3·59	0·34	0·26	0·60	0·08	0·07	0·14	2·32	2·01	4·33
	Total ..	2·12	1·87	3·99	0·41	0·32	0·73	0·09	0·08	0·16	2·62	2·26	4·88
	Adults	1·97	2·30	4·28	0·59	0·50	1·09	0·11	0·13	0·24	2·67	2·94	5·61
	Total of all ages.	4·10	4·17	8·27	1·00	0·82	1·82	0·20	0·21	0·40	5·30	5·20	10·49

Table 8.

INCIDENCE PER 1,000 SEX POPULATION.

(Note.—The rates of incidence given in columns (4) to (7) are calculated in each case on the population given in column (3)).

(A) *Children.*

Area.	Sex.	Popn. under 16.	F.M.	Imb.	Id.	All grades.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Urban Area A ..	M.	16,712	7·72	2·81	0·60	11·13
	F.	16,141	7·00	1·80	0·25	9·05
	M. and F.	32,853	7·37	2·31	0·43	10·11
Urban Area B ..	M.	13,181	10·92	2·43	0·68	14·04
	F.	13,498	8·22	1·70	0·52	10·45
	M. and F.	26,679	9·55	2·06	0·60	12·22
Urban Area C ..	M.	18,801	10·96	1·81	0·48	13·24
	F.	18,287	9·35	1·75	0·27	11·37
	M. and F.	37,088	10·17	1·78	0·38	12·32
Rural Area D ..	M.	13,789	15·95	2·83	0·80	19·58
	F.	13,144	14·23	2·51	0·61	17·35
	M. and F.	26,933	15·11	2·67	0·71	18·49
Rural Area E ..	M.	13,172	15·64	3·34	0·68	19·66
	F.	12,432	16·33	2·49	0·64	19·47
	M. and F.	25,604	15·97	2·93	0·66	19·57
Rural Area F ..	M.	12,901	17·21	3·26	0·54	21·01
	F.	13,080	13·76	2·52	0·54	16·82
	M. and F.	25,981	15·47	2·89	0·54	18·90
Mean for the six areas.	M.	88,556	12·73	2·69	0·62	16·04
	F.	86,582	11·15	2·09	0·45	13·69
	M. and F.	175,138	11·94	2·39	0·54	14·87

Table 8—continued.

(B) *Adults.*

Area.	Sex.	Popn. over 16	F.M.	Imb.	Id.	All grades.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Urban Area A ..	M.	34,317	2·71	0·85	0·32	3·88
	F.	37,895	2·77	0·66	0·13	3·56
	M. and F.	72,212	2·74	0·75	0·22	3·71
Urban Area B ..	M.	33,762	4·98	1·04	0·24	6·25
	F.	42,903	2·94	0·84	0·09	3·87
	M. and F.	76,665	3·83	0·93	0·16	4·92
Urban Area C ..	M.	37,051	3·27	1·08	0·38	4·72
	F.	35,141	4·70	0·77	0·17	5·63
	M. and F.	72,192	3·96	0·93	0·28	5·17
Rural Area D ..	M.	35,510	4·56	1·55	0·31	6·42
	F.	36,761	5·33	0·92	0·27	6·53
	M. and F.	72,271	4·95	1·23	0·29	6·48
Rural Area E ..	M.	35,728	5·82	1·90	0·39	8·12
	F.	42,605	6·29	1·48	0·33	8·10
	M. and F.	78,333	6·08	1·67	0·36	8·11
Rural Area F ..	M.	34,156	6·79	1·70	0·23	8·72
	F.	41,913	5·70	1·34	0·38	7·41
	M. and F.	76,069	6·19	1·50	0·32	8·01
Mean for the six areas.	M.	210,524	4·67	1·35	0·31	6·34
	F.	237,218	4·63	1·02	0·23	5·88
	M. and F.	447,742	4·65	1·17	0·27	6·10

Table 8—continued.

(C) *Children and Adults.*

Area. (1)	Sex. (2)	Total population. (3)	F.M. (4)	Imb. (5)	Id. (6)	All Grades. (7)
Urban Area A ..	M.	51,029	4·35	1·49	0·41	6·25
	F.	54,036	4·03	1·00	0·16	5·20
	M. and F.	105,065	4·19	1·24	0·29	5·71
Urban Area B ..	M.	46,943	6·65	1·43	0·36	8·44
	F.	56,401	4·20	1·05	0·20	5·44
	M. and F.	103,344	5·31	1·22	0·27	6·80
Urban Area C ..	M.	55,852	5·85	1·32	0·41	7·59
	F.	53,428	6·29	1·10	0·21	7·60
	M. and F.	109,280	6·07	1·22	0·31	7·60
Rural Area D ..	M.	49,299	7·75	1·91	0·45	10·10
	F.	49,905	7·67	1·34	0·36	9·38
	M. and F.	99,204	7·71	1·62	0·40	9·74
Rural Area E ..	M.	48,900	8·47	2·29	0·47	11·23
	F.	55,037	8·56	1·71	0·40	10·67
	M. and F.	103,937	8·51	1·98	0·43	10·93
Rural Area F ..	M.	47,057	9·65	2·13	0·32	12·09
	F.	54,993	7·62	1·62	0·42	9·66
	M. and F.	102,050	8·55	1·85	0·37	10·78
Mean for the six areas.	M.	299,080	7·06	1·75	0·40	9·21
	F.	323,800	6·37	1·30	0·29	7·97
	M. and F.	622,880	6·70	1·52	0·35	8·57

Table 9.

MEAN INCIDENCE PER 1,000 SEX POPULATION IN THE INVESTIGATED URBAN AND RURAL AREAS.

(Note.—The rates of incidence given in columns (4) to (7) are calculated in each case on the population given in column (3)).

(A) *Children.*

Area. (1)	Sex. (2)	Population. (3)	F.M. (4)	Imb. (5)	Id. (6)	All grades. (7)
		Under 16.				
Urban Areas.. ..	M.	48,694	9·84	2·32	0·58	12·73
	F.	47,926	8·24	1·75	0·33	10·33
	M. and F.	96,620	9·05	2·04	0·46	11·54
Rural Areas	M.	39,862	16·26	3·14	0·68	20·07
	F.	38,656	14·75	2·51	0·60	17·85
	M. and F.	78,518	15·51	2·83	0·64	18·98

(B) *Adults.*

		Over 16.				
Urban Areas.. ..	M.	105,130	3·63	0·99	0·31	4·94
	F.	115,939	3·42	0·76	0·13	4·30
	M. and F.	221,069	3·52	0·87	0·22	4·60
Rural Areas	M.	105,394	5·71	1·72	0·31	7·74
	F.	121,279	5·80	1·26	0·33	7·39
	M. and F.	226,673	5·76	1·47	0·32	7·55

(C) *Children and Adults.*

		All ages.				
Urban Areas.. ..	M.	153,824	5·60	1·41	0·40	7·40
	F.	163,865	4·83	1·05	0·19	6·07
	M. and F.	317,689	5·20	1·22	0·30	6·71
Rural Areas	M.	145,256	8·61	2·11	0·41	11·13
	F.	159,935	7·96	1·56	0·39	9·92
	M. and F.	305,191	8·27	1·82	0·40	10·49

Table 10.

ESTIMATED NUMBER OF MENTALLY DEFECTIVE PERSONS IN ENGLAND AND WALES CALCULATED ON THE INCIDENCE FIGURES GIVEN IN TABLE 9 FOR URBAN AND RURAL AREAS RESPECTIVELY.

(A) *Children.*

Area.	Sex.	Population* under 16.	F.M.	Imb.	Id.	All grades.
Urban Areas..	M.	4,279,600	42,111	9,929	2,482	54,479
	F.	4,231,000	34,863	7,404	1,396	43,706
	M. and F.	8,510,600	76,974	17,333	3,878	98,185
Rural Areas ..	M.	1,114,800	18,127	3,500	758	22,374
	F.	1,074,900	15,855	2,698	645	19,184
	M. and F.	2,189,700	33,982	6,198	1,403	41,558
All Areas ..	M.	5,394,400	60,238	13,429	3,240	76,853
	F.	5,305,900	50,718	10,102	2,041	62,890
	M. and F.	10,700,300	110,956	23,531	5,281	139,743

(B) *Adults.*

		Population* over 16.				
Urban Areas..	M.	10,530,500	38,226	10,425	3,264	52,021
	F.	12,192,000	41,697	9,266	1,585	52,426
	M. and F.	22,722,500	79,923	19,691	4,849	104,447
Rural Areas ..	M.	2,879,100	16,440	4,952	893	22,284
	F.	2,988,100	17,331	3,765	986	22,082
	M. and F.	5,867,200	33,771	8,717	1,879	44,366
All Areas ..	M.	13,409,600	54,666	15,377	4,157	74,305
	F.	15,180,100	59,028	13,031	2,571	74,508
	M. and F.	28,589,700	113,694	28,408	6,728	148,813

* Registrar-General's estimate in July, 1927.

Table 10 (continued).

(C) *Children and Adults.*†

Area.	Sex.	Total Population*	F.M.	Imb.	Id.	All grades.
Urban Areas..	M.	14,810,100	80,337	20,354	5,746	106,500
	F.	16,423,000	76,560	16,670	2,981	96,132
	M. and F.	31,233,100	156,897	37,024	8,727	202,632
Rural Areas ..	M.	3,993,900	34,567	8,452	1,651	44,658
	F.	4,063,000	33,186	6,463	1,631	41,266
	M. and F.	8,056,900	67,753	14,915	3,282	85,924
All Areas— Grand Totals.	M.	18,804,000	114,904	28,806	7,397	151,158
	F.	20,486,000	109,746	23,133	4,612	137,398
	M. and F.	39,290,000	224,650	51,939	12,009	288,556

† The numbers in this Table are the sum of the numbers given in (A) and (B) for children and adults respectively, i.e., they were not obtained by calculation from the incidence rates in Table 9 (C).

* Registrar-General's estimate in July, 1927.

Table 11.

MEAN INCIDENCE OF MENTAL DEFECT IN ENGLAND AND WALES.

(Note.—The rates of incidence given in columns (4) to (7) are calculated in each case on the population given in column (3) and are based on the numbers given in Table 10.)

(A) *Rates per* 1,000 *sex population.—All Areas.*

(1)	Sex. (2)	Population.* (3)	F.M. (4)	Imb. (5)	Id. (6)	All grades. (7)
		Under 16.				
Children	M.	5,394,400	11·17	2·49	0·60	14·25
	F.	5,305,900	9·56	1·90	0·38	11·85
	M. & F.	10,700,300	10·37	2·20	0·49	13·06
		Over 16.				
Adults	M.	13,409,600	4·08	1·15	0·31	5·54
	F.	15,180,100	3·89	0·86	0·17	4·91
	M. & F.	28,589,700	3·98	0·99	0·24	5·21
		All ages.				
Children and Adults	M.	18,804,000	6·11	1·53	0·39	8·04
	F.	20,486,000	5·36	1·13	0·23	6·71
	M. & F.	39,290,000	5·72	1·32	0·31	7·34

(B) *Rates per* 1,000 *total population.*

(1) *Urban Areas.*

(1)	Sex. (2)	Total Population.* (3)	F.M. (4)	Imb. (5)	Id. (6)	All grades. (7)
Children	M.	31,233,100	1·35	0·32	0·08	1·74
	F.		1·12	0·24	0·04	1·40
	M. & F.		2·47	0·55	0·12	3·14
Adults	M.		1·22	0·33	0·11	1·67
	F.		1·34	0·30	0·05	1·68
	M. & F.		2·56	0·63	0·15	3·34
Children and Adults	M.		2·57	0·65	0·18	3·41
	F.		2·45	0·53	0·10	3·08
	M. & F.		5·02	1·19	0·28	6·49

* Registrar-General's estimate of population in July, 1927.

Table 11 (B) (continued).

(2) *Rural Areas.*

(1)	Sex. (2)	Total Population.* (3)	F.M. (4)	Imb. (5)	Id. (6)	All grades. (7)
Children	M.	8,056,900	2·25	0·43	0·09	2·78
	F.		1·97	0·33	0·08	2·38
	M. & F.		4·22	0·77	0·17	5·16
Adults	M.		2·04	0·61	0·11	2·77
	F.		2·15	0·47	0·12	2·74
	M. & F.		4·19	1·08	0·23	5·51
Children and Adults	M.		4·29	1·05	0·20	5·54
	F.		4·12	0·80	0·20	5·12
	M. & F.		8·41	1·85	0·41	10·66

(3) *All Areas.*

Children	M.	39,290,000	1·53	0·34	0·08	1·96
	F.		1·29	0·26	0·05	1·60
	M. & F.		2·82	0·60	0·13	3·56
Adults	M.		1–39	0·39	0·11	1·89
	F.		1·50	0·33	0·07	1·90
	M. & F.		2·89	0·72	0·17	3·79
Children and Adults	M.		2·92	0·73	0·19	3·85
	F.		2·79	0·59	0·12	3·50
	M. & F.		5·72	1·32	0·31	7·34

* Registrar-General's estimate of population in July, 1927.

III. Ascertainment and Incidence among Children of School Age.

Table 12.

INCIDENCE OF MENTALLY DEFECTIVE CHILDREN BETWEEN THE AGES OF 7 AND 16 PER 1,000 SCHOOL POPULATION IN THE INVESTIGATED AREAS.*

(A) *Incidence in each Area.*

Area.	Feeble-minded.	Imbeciles.	Idiots.	All grades.
Urban Area A	12·39	3·76	0·52	16·68
,, ,, B	13·97	2·35	0·98	17·30
,, ,, C	18·69	2·90	0·60	22·18
Rural Area D	27·44	4·13	1·13	32·70
,, ,, E	29·07	5·38	1·28	35·73
,, ,, F	27·69	4·49	0·97	33·16
Mean for the six areas ..	20·74	3·73	0·88	25·35

(B) *Incidence in the Urban and Rural areas.*

Area.	Feeble-minded.	Imbeciles.	Idiots.	All grades.
Urban Areas	15·13	3·03	0·69	18·84
Rural Areas	28·04	4·65	1·12	33·82

* *See* Footnote (*) to Table 1. The "school population" consisted, broadly speaking, of children between 5 and 14 years of age. From the statistical standpoint it is somewhat anomalous to calculate incidence rates for children between 7 and 16 on the basis of school population. This however is the basis which Local Education Authorities usually adopt, and Table 12 is included for this reason. Tables 13, 14 and 15 give incidence rates which are more accurate for scientific purposes.

Table 13.

INCIDENCE IN EACH AREA PER 1,000 CHILDREN BETWEEN 7 AND 14* IN THE SCHOOL POPULATION.

(A) *Incidence per* 1,000 *Boys.*

Area.	No. of boys between 7 and 14 on school registers.	Feeble-minded.	Imbeciles.	Idiots.	Total.
Urban Area A ..	6,468	15·00	4·48	0·93	20·41
,, ,, B ..	5,225	18·37	3·25	1·15	22·78
,, ,, C ..	7,201	20·97	2·78	0·69	24·44
Rural Area D ..	4,758	36·99	5·46	1·68	44·14
,, ,, E ..	4,821	31·53	5·81	1·87	39·20
,, ,, F ..	5,196	36·18	5·39	1·15	42·73

(B) *Incidence per* 1,000 *Girls.*

Area.	No. of girls between 7 and 14 on school registers.	Feeble-minded.	Imbeciles.	Idiots.	Total.
Urban Area A ..	6,669	12·58	2·25	0·15	14·99
,, ,, B ..	5,462	15·56	1·83	1·10	18·49
,, ,, C ..	6,718	19·95	3·42	0·60	23·97
Rural Area D ..	4,553	31·41	3·73	1·10	36·24
,, ,, E ..	4,403	34·98	4·77	1·14	40·88
,, ,, F ..	4,906	30·17	3·67	1·02	34·86

(C) *Incidence per* 1,000 *Boys and Girls.*

Area.	No. of children between 7 and 14 on school registers.	Feeble-minded.	Imbeciles.	Idiots.	Total.
Urban Area A ..	13,137	13·78	3·35	0·53	17·66
,, ,, B ..	10,687	16·94	2·53	1·12	20·59
,, ,, C ..	13,919	20·48	3·09	0·65	24·21
Rural Area D ..	9,311	34·26	4·62	1·40	40·27
,, ,, E ..	9,224	33·17	5·31	1·52	39·99
,, ,, F ..	10,102	33·26	4·55	1·09	38·90

* Tables 13 and 14 give the incidences in the most completely investigated group of children.

Table 14.

INCIDENCE PER 1,000 CHILDREN BETWEEN 7 AND 14* IN THE SCHOOL POPULATION OF THE INVESTIGATED URBAN AND RURAL AREAS.

(A) *Incidence per* 1,000 *Boys.*

Area.	No. of boys between 7 and 14 on school registers.	Feeble-minded.	Imbeciles.	Idiots.	Total.
Urban areas ..	18,894	18·21	3·49	0·90	22·60
Rural areas ..	14,775	34·92	5·55	1·56	42·03

(B) *Incidence per* 1,000 *Girls.*

Area.	No. of girls between 7 and 14 on school registers.	Feeble-minded.	Imbeciles.	Idiots.	Total.
Urban areas ..	18,849	16·08	2·55	0·58	19·21
Rural areas ..	13,862	32·10	4·04	1·08	37·22

(C) *Incidence per* 1,000 *Boys and Girls.*

Area.	No. of children between 7 and 14 on school registers.	Feeble-minded.	Imbeciles.	Idiots.	Total.
Urban areas ..	37,743	17·14	3·02	0·74	20·90
Rural areas ..	28,637	33·56	4·82	1·32	39·70

* *See* Footnote to Table 13.

Table 15.

ASCERTAINMENT OF ALL CHILDREN BETWEEN THE AGES OF 7 AND 14.

(*A*) *Numbers of mentally defective children between* 7 *and* 14 *years of age ascertained in the investigated Urban and Rural areas.*

	Feeble-minded.			Imbeciles.			Idiots.			All grades.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Urban Areas	348	310	658	68	52	120	17	11	28	433	373	806
Rural Areas..	524	448	972	84	57	141	23	15	38	631	520	1,151

(*B*) *Incidence per* 1,000 *of total sex population.**

	Feeble-minded.			Imbeciles.			Idiots.			All grades.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Urban Areas ..	2·26	1·89	2·07	0·44	0·32	0·38	0·11	0·07	0·09	2·81	2·28	2·54
Rural Areas ..	3·61	2·80	3·18	0·58	0·36	0·46	0·16	0·09	0·12	4·34	3·25	3·77
Mean incidence† for England and Wales.	2·54	2·07	2·30	0·47	0·33	0·40	0·12	0·07	0·10	3·13	2·47	2·79

* That is, number of children per 1,000 males and per 1,000 females of all ages. The relevant statistics for the investigated areas are :—

Urban Areas : Males, 153,824 ; Females, 163,865 ; Total, 317,689.
Rural Areas : Males, 145,256 ; Females, 159,935 ; Total, 305,191.

† *See* General Notes, page 165.

IV. Analyses of Social Conditions, Mental Grades, etc.

Table 16.—Location of Mental Defectives at the Time of the Investigation.

(A) *Feeble-minded Children.*

Location.		Urban Area A.		Urban Area B.		Urban Area C.		Rural Area D.		Rural Area E.		Rural Area F.		Total.		Grand Total.		Percentages.
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
(1) Public Elementary School.	7−	14	6	17	13	20	10	18	16	19	15	9	12	97	72	169	1,614	77·2
	7+	74	72	84	67	140	129	153	137	133	135	178	143	762	683	1,445		
(2) Special School:																		
(*a*) Day	7−	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	70	3·3
	7+	22	19	16	13	—	—	—	—	—	—	—	—	38	32	70		
(*b*) Residential ..	7−	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1	54	2·6
	7+	2	2	—	—	3	3	4	2	20	17	—	—	29	24	53		
(3) Private School ..	7−	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1	24	1·1
	7+	1	3	—	—	3	4	1	1	5	3	2	—	12	11	23		
(4) Industrial and Reformatory School	7−	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	0·2
	7+	—	—	2	—	—	—	2	—	—	—	—	—	4	—	4		
(5) Poor Law Institution	7−	1	1	1	—	1	—	—	—	1	—	3	—	7	1	8	28	1·3
	7+	2	—	1	—	—	1	3	1	3	1	4	4	13	7	20		
(6) Cottage Home ..	7−	—	—	3	—	2	—	1	—	1	3	—	—	7	3	10	56	2·7
	7+	3	—	2	6	5	6	1	3	7	8	2	3	20	26	46		
(7) Boarded Out.. ..	7−	—	—	—	—	—	—	—	1	1	—	—	—	1	1	2	40	1·9
	7+	—	—	—	—	1	—	18	9	—	2	6	2	25	13	38		
(8) Charitable Home ..	7−	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10	0·5
	7+	—	—	2	3	—	—	1	1	—	1	—	2	3	7	10		
(9) At Home	7−	4	2	6	1	—	2	2	4	4	1	4	4	20	14	34	73	3·5
	7+	2	2	2	1	10	4	4	3	—	3	5	3	23	16	39		
(10) Left School*	7−	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	118	5·6
	7+	4	6	8	7	21	12	12	9	10	13	9	7	64	54	118		
Totals	7−	19	9	27	14	23	12	21	21	28	19	16	16	134	91	225	2,091	100·0
	7+	110	104	117	97	183	159	199	166	178	183	206	164	993	873	1,866		
		129	113	144	111	206	171	220	187	206	202	222	180	1,127	964	2,091		
		242		255		377		407		408		402		2,091				

* Mostly children over school age.

Table 16—continued.

(B) *Imbecile and Idiot Children.*

Location.	Urban Area A.		Urban Area B.		Urban Area C.		Rural Area D.		Rural Area E.		Rural Area F.		Total.		Grand Total.	Per-cent-ages.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
(1) Public Elementary School	2	2	2	4	12	10	14	17	17	8	21	13	68	54	122	23·8
(2) Special School—																
(*a*) Day	9	6	12	5	—	—	—	—	—	—	—	—	21	11	32	6·2
(*b*) Residential ..	9	3	2	1	—	2	—	—	3	6	—	—	14	12	26	5·1
(3) Private School	2	4	—	—	—	—	—	—	2	—	—	1	4	5	9	1·8
(4) Institution for the Mentally Defective	3	1	6	4	2	—	5	4	10	3	1	2	27	14	41	8·0
(5) Poor Law Institution—																
(Sect. 37)	15	8	—	—	1	—	—	—	—	1	3	—	19	9	28	5·5
(6) Poor Law Institution (Non-Certif.)	2	1	11	7	1	1	1	1	—	—	1	1	16	11	27	5·3
(7) Cottage Home	—	—	—	—	—	—	—	—	1	2	—	—	1	2	3	0·6
(8) Boarded Out	—	—	—	—	—	—	1	1	—	—	—	1	1	2	3	0·6
(9) Mental Hospital	3	—	—	—	—	—	1	—	1	—	—	—	5	—	5	1·0
(10) Epileptic Colony	—	2	—	—	—	—	—	—	1	1	—	—	1	3	4	0·8
(11) Charitable Home	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1	0·2
(12) At Home	12	6	8	9	27	24	28	17	18	18	23	22	116	96	212	41·3
	57	33	41	30	43	37	50	41	53	39	49	40	293	220	513	100·0
Totals	90		71		80		91		92		89		513			

Table 16—continued.

(C) *Adults of all grades of defect.*

Location.	Urban Area A.		Urban Area B.		Urban Area C.		Rural Area D.		Rural Area E.		Rural Area F.		Total.		Grand Total.	Per-cent-ages.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
(1) Institution for the Mentally Defective	8	2	18	15	3	10	12	13	19	36	2	5	62	81	143	5·2
(2) State Institution	2	—	—	—	1	3	—	2	2	3	—	—	5	8	13	0·5
(3) Poor Law Institution (Sect. 37)	8	6	1	3	8	9	1	35	15	27	5	11	38	91	129	4·7
(4) Poor Law Institution (Non-Certif.)	23	22	16	38	13	18	33	31	25	35	34	27	144	171	315	11·5
(5) Poor Law Institution (Sect. 24)	5	12	10	9	19	12	6	10	19	23	9	18	68	84	152	5·6
(6) Mental Hospital	31	32	24	27	24	23	39	42	40	43	36	20	194	187	381	14·0
(7) Epileptic Colony	—	—	2	1	—	—	—	—	—	—	—	—	2	1	3	0·1
(8) Prison	—	—	2	—	2	—	—	—	1	—	1	—	6	—	6	0·2
(9) Reformatory School ..	—	—	1	—	3	—	—	—	1	—	—	—	5	—	5	0·2
(10) Charitable Home	—	5	4	—	—	9	3	5	3	8	—	—	10	27	37	1·4
(11) At Home	56	56	133	73	102	114	134	102	165	170	211	230	801	745	1,546	56·6
	133	135	211	166	175	198	228	240	290	345	298	311	1,335	1,395	2,730	100·0
Totals	268		377		373		468		635		609		2,730			

Table 17.

AGE AND GRADE DISTRIBUTION.

(A) *Children (Ages and Grades).*

Ages.	Feeble-minded.			Imbeciles.			Idiots.			All grades.			Per cent-ages.
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.	
1	1	1	2	4	2	6	—	—	—	5	3	8	0·3
2	—	1	1	2	6	8	—	—	—	2	7	9	0·3
3	3	4	7	6	4	10	1	—	1	10	8	18	0·7
4	14	6	20	8	3	11	1	2	3	23	11	34	1·3
5	47	33	80	7	10	17	5	1	6	59	44	103	4·0
6	69	46	115	17	14	31	4	1	5	90	61	151	5·8
7	83	60	143	14	11	25	7	8	15	104	79	183	7·0
8	89	59	148	16	13	29	4	5	9	109	77	186	7·1
9	119	100	219	25	7	32	5	3	8	149	110	259	9·9
10	136	115	251	23	20	43	3	3	6	162	138	300	11·5
11	158	127	285	19	19	38	7	2	9	184	148	332	12·7
12	152	156	308	26	21	47	9	4	13	187	181	368	14·1
13	135	141	276	29	18	47	5	1	6	169	160	329	12·6
14	57	57	114	18	16	34	2	7	9	77	80	157	6·0
15	64	58	122	24	17	41	2	2	4	90	77	167	6·4
Totals	1,127	964	2,091	238	181	419	55	39	94	1,420	1,184	2,604	100·0

Table 17—(continued).

(B) *Adults* (*Ages and Areas*).

Ages.	Urban Area A.		Urban Area B.		Urban Area C.		Rural Area D.		Rural Area E.		Rural Area F.		Total.		Grand Total.	Per-centages.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
16–20 ..	51	37	40	26	57	64	52	41	88	66	42	53	330	287	617	22·6
21–29 ..	26	37	73	57	48	59	54	63	68	86	56	66	325	368	693	25·4
30–39 ..	27	30	42	26	36	30	43	58	43	63	58	59	249	266	515	18·9
40–49 ..	19	19	24	32	21	19	45	45	43	54	65	55	217	224	441	16·2
50–59 ..	7	9	21	18	7	17	21	16	29	37	57	55	142	152	294	10·8
60+ ..	3	3	11	7	6	9	13	17	19	39	20	23	72	98	170	6·2
	133	135	211	166	175	198	228	240	290	345	298	311	1,335	1,395	2,730	100·0
Totals ..	268		377		373		468		635		609		2,730			

Table 17—(continued).

(C) *Adults—(Ages and Grades—Urban and Rural Areas).*

Type of Area.	Grade.	Ages.												Totals.		
		16–20		21–29		30–39		40–49		50–59		60+				
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.
Urban Areas ..	Feeble-minded	115	99	101	122	71	70	46	53	31	36	18	16	382	396	778
	Imbeciles ..	23	25	29	25	29	15	17	15	4	6	2	2	104	88	192
	Idiots ..	10	3	17	6	5	1	1	2	—	2	—	1	33	15	48
	Total ..	148	127	147	153	105	86	64	70	35	44	20	19	519	499	1,018
Rural Areas ..	Feeble-minded	143	114	121	167	99	138	118	124	80	93	41	67	602	703	1,305
	Imbeciles ..	31	36	42	38	40	31	33	26	24	13	11	9	181	153	334
	Idiots ..	8	10	15	10	5	11	2	4	3	2	—	3	33	40	73
	Total ..	182	160	178	215	144	180	153	154	107	108	52	79	816	896	1,712
	Grand Totals	330	287	325	368	249	266	217	224	142	152	72	98	1,335	1,395	2,730

Table 17—(continued)

(D) *Numbers of Adults under and over* 40 *years of age.*

	Age 16–39			Age 40 and over			Totals
	M.	F.	Total	M.	F.	Total	
Urban—							
Feeble-minded	287	291	578	95	105	200	778
Imbeciles and Idiots ..	113	75	188	24	28	52	240
Total	400	366	766	119	133	252	1,018
Rural—							
Feeble-minded	363	419	782	239	284	523	1,305
Imbeciles and Idiots ..	141	136	277	73	57	130	407
	504	555	1,059	312	341	653	1,712

(E) *Percentages and Ratios of Adults under and over* 40 *years of age.*

	Age 16–39. Percentage. (a)	Age 40 and over. Percentage. (b)	Ratio of older defectives to younger $\left(=\frac{(b)}{(a)}\right)$ (c)
Feeble-minded—			
Urban	74	26	0·35
Rural	60	40	0·67
Mean	65	35	0·54
Imbeciles and Idiots—			
Urban	78	22	0·28
Rural	68	32	0·47
Mean	72	28	0·39
All grades combined—			
Urban	75	25	0·33
Rural	62	38	0·62
Mean	67	33	0·49
All persons over 16 years of age in general population of England and Wales (Census, 1921)—			
Urban	55	45	0·82
Rural	51	49	0·94
Mean	54	46	0·85

Table 18.

MENTAL RATIOS OF CHILDREN.

(A) *Sex Distribution.*

Mental Ratio.	Urban Areas.				Rural Areas.				All Areas.			
	M.	F.	Total.	Percentages.	M.	F.	Total.	Percentages.	M.	F.	Total.	Percentages.
20–29	4	4	8	1·0	1	4	5	0·4	5	8	13	0·7
30–39	9	12	21	2·6	11	14	25	2·2	20	26	46	2·4
40–44	15	15	30	3·7	11	10	21	1·9	26	25	51	2·7
45–49	16	10	26	3·2	23	21	44	3·9	39	31	70	3·6
50–54	44	45	89	11·1	72	56	128	11·4	116	101	217	11·3
55–59	59	55	114	14·2	89	87	176	15·7	148	142	290	15·1
60–64	111	109	220	27·4	213	185	398	35·5	324	294	618	32·1
65–69	118	95	213	26·6	131	119	250	22·3	249	214	463	24·1
70–74	39	19	58	7·2	32	21	53	4·7	71	40	111	5·8
75 + ...	21	2	23	2·9	15	5	20	1·8	36	7	43	2·2
Totals ..	436	366	802	100·0	598	522	1,120	100·0	1,034	888	1,922	100·0
Mental Ratio not determined.												
Feeble-minded	95	60	155	—	101	87	188	—	196	147	343	—
Imbeciles ..	61	53	114	—	74	57	131	—	135	110	245	—
Idiots ..	28	16	44	—	27	23	50	—	55	39	94	—
Totals ..	184	129	313	—	202	167	369	—	386	296	682	—
Grand Totals..	620	495	1,115	—	800	689	1,489	—	1,420	1,184	2,604	—

Table 18—continued.

(B) *Age Distribution.*

Mental Ratio.*	Urban Areas.												Rural Areas.												All Areas.
	5	6	7	8	9	10	11	12	13	14	15	Total	5	6	7	8	9	10	11	12	13	14	15	Total	Total.
20–29	—	—	—	—	1	—	1	1	1	1	3	8	—	—	—	—	—	1	—	1	1	1	1	5	13
30–39	—	1	—	—	2	3	6	—	7	1	1	21	—	—	—	2	2	3	5	6	5	1	1	25	46
40–44	—	1	2	6	3	4	2	6	2	4	—	30	—	—	—	1	2	4	2	3	4	3	2	21	51
45–49	—	1	1	4	3	2	2	4	5	3	1	26	—	3	2	3	4	5	5	9	11	2	—	44	70
50–54	1	4	7	3	5	7	12	23	17	7	3	89	2	9	16	3	5	11	14	28	25	9	6	128	217
55–59	3	2	8	3	9	16	23	20	20	5	5	114	2	4	9	12	7	13	34	47	36	9	3	176	290
60–64	1	11	10	14	31	39	32	45	23	11	3	220	8	13	18	31	26	63	81	67	78	10	3	398	618
65–69	6	19	17	23	36	29	27	29	20	5	2	213	6	16	28	27	49	44	42	21	16	1	—	250	463
70–74	4	4	4	7	15	5	5	6	4	2	2	58	2	2	5	11	16	8	4	5	—	—	—	53	111
75+	—	2	2	4	3	4	3	3	2	—	—	23	1	—	3	6	3	4	2	—	1	—	—	20	43
Totals	15	45	51	64	108	109	113	137	101	39	20	802	21	47	81	96	114	156	189	187	177	36	16	1,120	1,922

* Numbers of children whose mental ratio was not determined are given in Table 18 (A).

Table 19.

ANALYSIS OF MENTAL AND EDUCATIONAL ATTAINMENTS OF FEEBLE-MINDED CHILDREN* AGED 7–14 IN ATTENDANCE AT PUBLIC ELEMENTARY SCHOOLS.

(1) *Average findings for each area.*

Area.	Children with some educational attainments.								Children with no educational attainments.			
	Number of children in group.	Average age.	Mental Ratio.	Mean variation of Mental Ratios.	Educational Ratio.	Achievement Ratio.	Number of years Educational Retardation.	Head Teacher's estimate of number of years Educational Retardation.	Number in group.	Average age.	Mental Ratio.	Mean variation of Mental Ratios.
Urban Area A	86	11·3	64	4·8	57	89	4·9	2·7	11	8·3	63·5	4·5
,, ,, B ..	99	11·3	63	5·4	57	91	4·9	2·4	23	8·5	60	7·0
,, ,, C ..	182	11·3	62	3·9	57	91	4·9	2·8	59	8·9	60	5·4
Rural Area D ..	183	11·6	63	4·2	57	90	5·0	2·4	52	8·7	57	6·1
,, ,, E ..	152	11·4	63	4·4	55	88	5·1	3·2	36	8·1	61	5·9
,, ,, F ..	134	11·6	61	3·9	55	90	5·2	2·5	63	8·9	61	4·5
Six Areas ..	836	11·4	62·5	4·4	56	90	5·0	2·7	244	8·7	60	5·6

* This Table relates only to those children in respect of whom *all* the information indicated by the headings was available. Some 34 per cent. of the children ascertained could not be included because certain facts, e.g. estimate by Head Teacher of educational retardation, were not obtainable. No other factor than that of availability of information influenced the selection, and the figures, applying as they do to a random sample, may be taken as representative in their main features of the whole group of feeble-minded Public Elementary School children between 7 and 14 years of age.

Table 19.—continued.

(2) *Average findings for each age group.*

Children with some educational attainments.								Children with no educational attainments.			
Age (to nearest year).	Number in group.	Mental Ratio.	Mean variation of Mental Ratios.	Educational Ratio.	Achievement Ratio.	Number of years of Educational Retardation.	Head Teacher's estimate of no. of yrs. Educational Retardation.	Age (to nearest year).	Number in group.	Mental Ratio.	Mean variation of Mental Ratios.
7	9	69	5·1	61	90	2·7	1·6	7	80	61	6·1
8	29	66	4·7	61	92	3·1	1·9	8	65	62	5·2
9	85	66	3·4	60	92	3·6	2·2	9	36	62	4·9
10	123	65	3·6	60	92	4·0	2·3	10	22	58	4·5
11	153	63	4·0	57	91	4·7	2·7	11	21	57	4·3
12	181	61	4·3	55	90	5·4	2·8	12	8	54	2·4
13	170	60	3·9	54	90	6·0	3·0	13	8	51	3·6
14	86	59	3·8	52	88	6·7	3·3	14	4	51	0·8
All Ages :— 11·4	836	62·5	4·4	56	90	5·0	2·7	All ages :— 8·7	244	60	5·6

Table 20.

MENTALLY DEFECTIVE CHILDREN IN DAY SPECIAL SCHOOLS IN URBAN AREAS A AND B.

(1) *Numbers and grades of children.*

	Feeble-minded.		Imbeciles.		Total.
	M.	F.	M.	F.	
Urban Area A	22 ..	19	9 ..	6	56
„ „ B	16 ..	14*	12 ..	5	47
	38 ..	33	21 ..	11	103

(2) *Distribution of Chronological Ages, Mental Ages and Mental Ratios.*

Chronological age (to nearest year).	Number of children.	Average mental age.	Average mental ratio.	Mean variation of mental ratios.
7	1	3·5	50	—
8	—	—	—	—
9	7	4·0	45	11·3
10	8	5·9	59	6·8
11	11	6·4	59	12·5
12	14	6·0	50	8·2
13	23	7·3	56	7·0
14	17	7·0	50	11·1
15	12	7·7†	55	8·7
16	10	7·3†	52	11·7
All Ages :— (Average Age 12·8)	103	6·7	53	10·2

* This figure does not agree with that given in Table 16 (A), because one of the girls came from the Cottage Homes.

† In calculating the Mental Ratio of older children (ages 15 and 16) the maximum denominator was 14.

Table 20—(continued).

(3) *Average Educational Attainments and Mental Ages.*

(a) *Children with some educational attainments.*

Chronological age (to nearest year).	Number of children.	Average mental age.	Average mental ratio.	Mean variation of mental ratios.	Average educational age.
9	2	5·6	63	6·5	5·0
10	5	6·3	63	6·8	5·1
11	8	7·4	67	7·2	5·9
12	12	6·3	53	6·3	5·1
13	21	7·3	56	7·0	5·8
14	16	7·2	51	11·1	6·0
15	11	8·1	58	6·4	6·5
16	9	7·6	55	10·7	6·6
All Ages :— (Average Age 13·2)	84	7·2	56	9·0	5·9

(b) *Children with no educational attainments.*

Chronological age (to nearest year).	Number of children.	Average mental age.	Average mental ratio.	Mean variation of mental ratios.
7	1	3·5	50	—
8	–	—	—	—
9	5	3·4	38	8·2
10	3	5·4	54	8·3
11	3	3·8	35	1·0
12	2	4·0	34	6·5
13	2	6·5	50	0·0
14	1	5·0	36	—
15	1	3·6	26	—
16	1	4·8	34	—
All Ages :— (Average Age 11·0)	19	4·3	40	8·6

(4) *Distribution of Mental Ratios and Educational Attainments.*

	Mental Ratio.								
	–40.	40–44.	45–49.	50–54.	55–59.	60–64.	65–69.	70–74.	75+.
Children with some educational attainments ..	5	6	7	19	13	14	10	6	4
Children with no educational attainments ..	9	3	2	3	1	1	—	—	—

Table 21.

(A) Employability of Mentally Defective Adults.

(Percentages.)

	Feeble-minded.		Imbeciles and Idiots.		Totals.	
	M.	F.	M.	F.	M.	F.
Grade 1	38·4	50·7	—	—	28·3	39·9
Grade 2	45·3	33·4	3·7	3·0	34·4	27·0
Grade 3	11·4	9·6	47·6	36·1	20·9	15·2
Grade 4	3·0	4·3	23·1	34·1	8·3	10·6
Grade 5	1·8	2·1	25·6	26·7	8·1	7·3
Totals ..	100	100	100	100	100	100

(B) Table showing the extent to which Mentally Defective Adults (non-institution cases only) contributed to their own support.

(Percentages.)

	Feeble-minded.		Imbeciles and Idiots.		Totals.	
	M.	F.	M.	F.	M.	F.
Almost self-supporting ..	16·9	6·3	—	—	13·6	5·1
Partially self-supporting	53·3	60·6	14·1	10·5	45·7	51·0
Contributed nothing ..	27·1	30·7	85·3	89·5	38·5	42·0
Unclassified	2·6	2·3	0·6	—	2·2	1·9
Totals	100	100	100	100	100	100

Table 22.

CLASSIFICATION OF HOMES OF MENTAL DEFECTIVES IN THE INVESTIGATED AREAS.

(Percentages.)

(A) *Children.*

Grade.	Superior.	Good.	Average.	Poor.	Very Poor.
Feeble-minded ..	1·2	10·1	27·0	36·5	25·2
Imbeciles	5·9	23·7	36·2	19·5	14·7
Idiots	9·5	23·0	40·5	21·6	5·4
All grades	2·4	13·2	29·3	32·7	22·3
(B) *Adults.*					
Feeble-minded ..	1·9	10·4	34·8	28·5	24·4
Imbeciles	6·8	19·9	49·2	17·4	6·8
Idiots	8·0	28·0	38·0	16·0	10·0
All grades	2·9	12·6	37·2	26·3	21·0

Table 23.

NUMBER OF MENTALLY DEFECTIVE PERSONS RECEIVING FINANCIAL SUPPORT FROM PUBLIC FUNDS OR VOLUNTARY ORGANISATIONS.

(A) *Children.*

Location.	Urban Area A.		Urban Area B.		Urban Area C.		Rural Area D.		Rural Area E.		Rural Area F.		Total.		Grand Total.	Percentage.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
(1) Residential Special School.	11	5	2	1	3	5	4	2	23	23	—	—	43	36	79	24·2
(2) Institution for the Mentally Defective	3	1	5	4	2	—	5	4	9	3	—	2	24	14	38	11·7
(3) Mental Hospital ..	3	—	—	—	—	—	1	—	1	—	—	—	5	—	5	1·5
(4) Epileptic Colony ..	—	2	—	—	—	—	—	—	1	1	—	—	1	3	4	1·2
(5) Industrial School or Reformatory	—	—	2	—	—	—	2	—	—	—	—	—	4	—	4	1·2
(6) Poor Law Institution (Sect. 37).	15	8	—	—	1	—	—	—	—	1	3	—	19	9	28	8·6
(7) Poor Law Institution (other than Sect. 37) and Cottage Homes.	8	2	18	13	9	8	6	5	13	14	10	8	64	50	114	35·0
(8) Boarded Out (Poor Law)	—	—	—	—	1	—	19	11	1	2	6	3	27	16	43	13·2
(9) Charitable Homes ..	—	—	2	3	—	—	1	2	—	1	—	2	3	8	11	3·4
Totals.. ..	40	18	29	21	16	13	38	24	48	45	19	15	190	136	326	100·0

Table 23—(continued).

(B) *Adults.*

Location.	Urban Area A.		Urban Area B.		Urban Area C.		Rural Area D.		Rural Area E.		Rural Area F.		Total.		Grand Total.	Percentage.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
(1) Institution for the Mentally Defective	10	2	18	14	4	13	12	15	20	38	2	4	66	86	152	9·9
(2) Mental Hospital ..	31	32	24	27	24	23	39	42	40	42	37	20	195	186	381	24·9
(3) Prisons and Reformatories	—	—	3	—	5	—	—	—	2	—	—	—	10	—	10	0·7
(4) Charitable Homes ..	—	5	4	—	—	9	3	5	3	8	—	—	10	27	37	2·4
(5) Poor Law Institution (Sect. 37).	8	6	1	3	8	9	1	35	15	27	5	11	38	91	129	8·4
(6) Poor Law Institution (other than Sect. 37) and Cottage Homes.	28	34	28*	48*	32	30	39	41	44	58	43	45	214	256	470	30·7
(7) Receiving Outdoor Relief†	24	19	33	14	19	16	14	36	20	38	37	83	147	206	353	23·0
Total.. ..	101	98	111	106	92	100	108	174	144	211	124	163	680	852	1,532	100·0

* Includes 2 males and 1 female in Epileptic Colony (*see* Table 16(C)).

† A few cases receiving financial aid from sources other than Poor Law Authorities are included in this category.

V. Administrative Classifications.

Table 24.

CLASSIFICATION OF FEEBLE-MINDED CHILDREN FOR ADMINISTRATIVE PURPOSES.

(1) *Numbers of feeble-minded children (ages* 7–16*) in the investigated Urban and Rural areas who were found to be suitable for Day and Residential Special Schools.*

Area.	Day Special School.			Residential Special School.			Total F. M. Children.
	M.	F.	Total.	M.	F.	Total.	
Urban Areas ..	323	281	604	87	79	166	770
Rural Areas ..	446	383	829	137	130	267	1,096
Totals ..	769	664	1,433	224	209	433	1,866

(2) *Incidence per* 1,000 *total population in the investigated Urban and Rural areas.*

Area.	Day Special School.			Residential Special School.			Total F. M. Children.
	M.	F.	Total.	M.	F.	Total.	
Urban Areas ..	1 02	0·88	1·90	0·27	0·25	0·52	2·42
Rural Areas ..	1·46	1·25	2·72	0·45	0·43	0·87	3·59
Mean incidence for England and Wales	1·11	0·96	2·07	0·31	0·29	0·59	2·66

Table 24—continued.

(3) *Estimated numbers of feeble-minded children (ages* 7–16) *in England and Wales suitable for Day and Residential Special Schools, calculated from the incidence rates for the investigated Urban and Rural areas given in Table* 24 (2) *above.*

Area.	Day Special School.			Residential Special School.			Total F. M. Children.
	M.	F.	Total.	M.	F.	Total.	
Urban Areas ..	31,858	27,485	59,343	8,433	7,808	16,241	75,584
Rural Areas ..	11,763	10,071	21,915	3,626	3,464	7,010	28,925
Totals ..	43,621	37,556	81,258	12,059	11,272	23,251	104,509

(4) *Conditions on account of which the feeble-minded children were allocated to Residential Special Schools.*

Numbers in the investigated Urban and Rural areas.

Condition.	Urban Areas.			Rural Areas.			Totals.		
	M.	F.	Total	M.	F.	Total	M.	F.	Total
Detrimental or uncontrollable.	15	3	18	9	6	15	24	9	33
Poor Law Children.*	14	16	30	44	34	78	58	50	108
Crippled	5	2	7	10	4	14	15	6	21
Blind	6	5	11	3	7	10	9	12	21
Deaf	5	7	12	3	6	9	8	13	21
Epileptic	7	10	17	7	5	12	14	15	29
Encephalitis lethargica	2	1	3	3	—	3	5	1	6
Tuberculosis ..	1	1	2	—	—	—	1	1	2
Unsatisfactory home conditions	32	34	66	58	68	126	90	102	192
Totals ..	87	79	166	137	130	267	224	209	433

* In this category 10 children in Charitable Homes are included.

Table 25.

CLASSIFICATION OF LOWER GRADE MENTALLY DEFECTIVE CHILDREN (IMBECILES AND IDIOTS) FOR ADMINISTRATIVE PURPOSES.

(A) *Unified Control.*

(1) *Numbers in the investigated Urban and Rural areas.*

Allocation.	Urban Areas.			Rural Areas.			Totals.		
	M.	F.	Total	M.	F.	Total	M.	F.	Total
Colony cases ..	81	56	137	87	60	147	168	116	284
Non-Institution cases	60	44	104	65	60	125	125	104	229
Totals ..	141	100	241	152	120	272	293	220	513

(2) *Incidence per* 1,000 *total population in the investigated Urban and Rural areas.*

Allocation.	Urban Areas.			Rural Areas.			Mean incidence for England and Wales.		
	M.	F.	Total	M.	F.	Total	M.	F.	Total
Colony cases ..	0·25	0·18	0·43	0·29	0·20	0·48	0·26	0·18	0·44
Non-Institution cases	0·19	0·14	0·33	0·21	0·20	0·41	0·19	0·15	0·35
Totals ..	0·44	0·31	0·76	0·50	0·39	0·89	0·45	0·33	0·79

Table 25 (A).—continued.

(3) *Estimated numbers in England and Wales, calculated from the incidence rates in Table* 25 (A) (2) *above.*

Allocation.	Urban Areas.			Rural Areas.			Totals.		
	M.	F.	Total	M.	F.	Total	M.	F.	Total
Colony cases..	7,808	5,622	13,430	2,337	1,611	3,867	10,145	7,233	17,297
Non-Institution cases.	5,934	4,373	10,307	1,692	1,611	3,303	7,626	5,984	13,610
Totals ..	13,743	9,682	23,737	4,028	3,142	7,171	17,771	12,824	30,908

(4) *Classification according to training required by Colony cases and Non-Institution cases.*

Incidence per 1,000 *total population.*

Allocation.	Urban Areas.			Rural Areas.			Mean incidence for England and Wales.		
	M.	F.	Total	M.	F.	Total	M.	F.	Total
Colony cases.									
(*a*) Class	0·19	0·13	0·31	0·20	0·14	0·34	0·19	0·13	0·32
(*b*) Untrainable									
(i) Walking cases	0·03	0·02	0·05	0·05	0·02	0·07	0·03	0·02	0·05
(ii) Cot and chair cases	0·04	0·02	0·06	0·04	0·03	0·08	0·04	0·02	0·06
Non-Institution cases									
(*a*) Occupation centre	0·14	0·09	0·23	0·02	0·00	0·02	0·12	0·07	0·19
(*b*) Home Training	0·05	0·04	0·09	0·20	0·19	0·39	0·08	0·07	0·15

Table 25.—continued.

(B) *Present Statutory Conditions.*

(1) *Numbers in the investigated Urban and Rural areas.*

Allocation.	Urban Areas.			Rural Areas.			Totals.		
	M.	F.	Total	M.	F.	Total	M.	F.	Total
Colony cases ..	64	47	111	81	53	134	145	100	245
Non-Institution cases	60	44	104	65	60	125	125	104	229
Totals ..	124	91	215	146	113	259	270	204	474

(2) *Incidence per* 1,000 *total population in the investigated Urban and Rural areas.*

Allocation.	Urban Areas.			Rural Areas.			Mean incidence for England and Wales.		
	M.	F.	Total	M.	F.	Total	M.	F.	Total
Colony cases ..	0·20	0·15	0·35	0·27	0·17	0·44	0·21	0·15	0·37
Non-Institution cases	0·19	0·14	0·33	0·21	0·20	0·41	0·19	0·15	0·35
Totals ..	0·39	0·29	0·68	0·48	0·37	0·85	0·41	0·31	0·71

(3) *Estimated numbers in England and Wales, calculated from the incidence rates in Table* 25 (B) (2) *above.*

Allocation.	Urban Areas.			Rural Areas.			Totals.		
	M.	F.	Total	M.	F.	Total	M.	F.	Total
Colony cases..	6,247	4,685	10,932	2,175	1,370	3,545	8,422	6,055	14,477
Non-Institution cases	5,934	4,373	10,307	1,692	1,611	3,303	7,626	5,984	13,610
Totals ..	12,181	9,058	21,239	3,867	2,981	6,848	16,048	12,039	28,087

Table 25 (B).—continued.

(4) *Classification according to training required by Colony cases and Non-Institution cases.*

Incidence per 1,000 *total population.*

Allocation.	Urban Areas.			Rural Areas.			Mean incidence for England and Wales.		
	M	F.	Total	M.	F	Total	M.	F.	Total
Colony cases.									
(*a*) Class	0·15	0·12	0·27	0·19	0·12	0·31	0·16	0·12	0·28
(*b*) Untrainable									
(i) Walking cases	0·02	0·01	0·03	0·04	0·02	0·06	0·02	0·01	0·04
(ii) Cot and chair cases	0·03	0·02	0·04	0·04	0·03	0·07	0·03	0·02	0·05
Non-Institution cases									
(*a*) Occupation centre	0·14	0·09	0·23	0·02	0·00	0·02	0·11	0·07	0·19
(*b*) Home Training	0·05	0·04	0·09	0·20	0·19	0·39	0·08	0·07	0·15

Table 26.

Classification of Mentally Defective Adults for Administrative Purposes.

(A) *Unified Control.*

(1) *Numbers in the investigated Urban and Rural areas.*

Allocation.	Urban Areas.			Rural Areas.			Totals.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total
Institution cases.									
Colony :—									
Younger ..	150	154	304	158	218	376	308	372	680
Older	127	123	250	207	247	454	334	370	704
Totals ..	277	277	554	365	465	830	642	742	1,384
State Colony ..	5	5	10	3	6	9	8	11	19
Mental Hospital..	20	25	45	28	33	61	48	58	106
Total Institution cases.	302	307	609	396	504	900	698	811	1,509
Non-Institution cases.	217	192	409	420	392	812	637	584	1,221
Grand Totals ..	519	499	1,018	816	896	1,712	1,335	1,395	2,730

(2) *Incidence per* 1,000 *total population in the investigated Urban and Rural areas.*

Allocation.	Urban Areas.			Rural Areas.			Mean incidence for England and Wales.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total
Institution cases.									
Colony :—									
Younger ..	0·47	0·49	0·96	0·52	0·71	1·23	0·48	0·53	1·01
Older	0·40	0·39	0·79	0·68	0·81	1·49	0·46	0·47	0·93
Totals ..	0·87	0·87	1·74	1·20	1·52	2·72	0·94	1·00	1·94
State Colony ..	0·02	0·02	0·03	0·01	0·02	0·03	0·02	0·02	0·03
Mental Hospital..	0·06	0·08	0·14	0·09	0·11	0·20	0·07	0·09	0·15
Total Institution cases.	0·95	0·97	1·92	1·30	1·65	2·95	1·02	1·11	2·13
Non - Institution cases.	0·68	0·60	1·29	1·38	1·28	2·66	0·82	0·74	1·56
Grand Totals	1·63	1·57	3·20	2·67	2·94	5·61	1·84	1·84	3·68

Table 26 (A)—continued.

(3) *Estimated numbers in England and Wales, calculated from the incidence rates in Table* 26 (*A*) (2) *above.*

Allocation.	Urban Areas.			Rural Areas.			Totals.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Institution cases.									
Colony :—									
Younger	14,680	15,304	29,984	4,190	5,720	9,910	18,870	21,024	39,894
Older	12,493	12,181	24,674	5,479	6,526	12,005	17,972	18,707	36,679
Totals	27,173	27,173	54,346	9,668	12,247	21,916	36,841	39,420	76,262
State Colony ..	625	625	937	81	161	242	706	786	1,179
Mental Hospital ..	1,873	2,499	4,373	725	886	1,611	2,598	3,385	5,984
Total Institution cases.	29,671	30,296	59,968	10,474	13,294	23,768	40,145	43,590	83,736
Non Institution cases.	21,239	18,740	40,291	11,119	10,313	21,431	32,358	29,053	61,722
Grand Totals ..	50,910	49,036	99,946	21,512	23,687	45,199	72,422	72,723	145,145

(4) *Classification of Colony cases* (*younger adults only*) *according to degree of employability and of Non-Institution cases* (*all adults*) *according to form of care and control exercised by the Local Authority.*

Incidence per 1,000 *total population.*

Allocation.	Urban Areas.			Rural Areas.			Mean incidence for England and Wales.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Colony cases. (younger adults only.)									
(*a*) Employable ..	0·35	0·38	0·74	0·44	0·62	1·06	0·37	0·43	0·80
(*b*) Unemployable									
(i) Walking cases.	0·08	0·09	0·18	0·05	0·07	0·12	0·07	0·09	0·17
(ii) Cot and chair cases.	0·03	0·01	0·04	0·03	0·02	0·05	0·03	0·01	0·04
Non-Institution cases (all adults).									
Guardianship ..	0·14	0·09	0·23	0·29	0·48	0·78	0·17	0·17	0·34
Supervision* ..	0·55	0·51	1·06	1·08	0·80	1·88	0·66	0·57	1·22

* *See* Ch. 5, page 155.

Table 26—continued.

(B). *Present Statutory Conditions.*

(1) *Numbers in the investigated Urban and Rural areas.*

Allocation.	Urban Areas.			Rural Areas.			Totals.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Institution cases.									
Colony :—									
Younger ..	84	79	163	100	158	258	184	237	421
Older	24	19	43	33	51	84	57	70	127
Totals ..	108	98	206	133	209	342	241	307	548
State Colony ..	3	3	6	3	5	8	6	8	14
Total Institution cases.	111	101	212	136	214	350	247	315	562
Non - Institution cases.	186	169	355	381	287	668	567	456	1,023
Grand Totals	297	270	567	517	501	1,018	814	771	1,585

(2) *Incidence per* 1,000 *total population in the investigated Urban and Rural areas.*

Allocation.	Urban Areas.			Rural Areas.			Mean incidence for England and Wales.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Institution cases.									
Colony :—									
Younger ..	0·26	0·25	0·51	0·33	0·52	0·85	0·27	0·30	0·58
Older	0·08	0·06	0·14	0·11	0·17	0·28	0·09	0·08	0·17
Totals ..	0·34	0·31	0·65	0·44	0·68	1·13	0·36	0·38	0·75
State Colony ..	0·01	0·01	0·02	0·01	0·02	0·03	0·01	0·01	0·02
Total Institution cases.	0·35	0·32	0·67	0·45	0·70	1·15	0·37	0·40	0·77
Non - Institution cases.	0·59	0·53	1·12	1·25	0·94	2·19	0·72	0·61	1·33
Grand Totals	0·93	0·85	1·79	1·69	1·64	3·34	1·08	1·01	2·10

Table 26 (B)—continued

(3) *Estimated numbers in England and Wales, calculated from the incidence rates in Table* 26 (B) (2) *above.*

Allocation.	Urban Areas.			Rural Areas.			Totals.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Institution cases.									
Colony :—									
Younger	8,121	7,808	15,929	2,659	4,190	6,848	10,780	11,998	22,777
Older	2,499	1,874	4,373	886	1,370	2,256	3,385	3,244	6,629
Totals	10,620	9,682	20,302	3,545	5,479	9,104	14,165	15,161	29,406
State Colony. ..	312	312	625	81	161	242	393	473	867
Total Institution cases.	10,932	9,995	20,926	3,626	5,640	9,265	14,558	15,635	30,191
Non - Institution cases.	18,428	16,554	34,981	10,071	7,573	17,645	28,499	24,127	52,626
Grand Totals ..	29,047	26,548	55,907	13,616	13,213	26,910	42,663	39,761	82,817

(4) *Classification of Colony cases (younger adults only) according to degree of employability, and of Non-Institution cases (all adults) according to form of care and control exercised by the Local Authority.*

Incidence per 1,000 *total population.*

Allocation.	Urban Areas.			Rural Areas.			Mean incidence for England and Wales.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Colony cases. (younger adults only).									
(*a*) Employable ..	0·21	0·20	0·41	0·29	0·46	0·74	0·23	0·25	0·48
(*b*) Unemployable									
(i) Walking cases.	0·04	0·05	0·09	0·03	0·05	0·08	0·04	0·05	0·09
(ii) Cot and Chair cases.	0·01	—	0·01	0·01	0·01	0·02	0·01	0·00	0·01
Non-Institution cases (all adults).									
Guardianship ..	0·04	0·02	0·06	0·16	0·14	0·30	0·06	0·04	0·11
Supervision* ..	0·55	0·51	1·06	1·08	0·80	1·88	0·66	0·57	1·22

* *See* Ch. 5, page 155.

Table 27.*

NUMBERS OF MENTALLY DEFECTIVE ADULTS AND LOWER GRADE DEFECTIVE CHILDREN† REQUIRING COLONY ACCOMMODATION IN AN URBAN OR RURAL ADMINISTRATIVE AREA WITH A TOTAL POPULATION OF 500,000, CALCULATED FROM THE INCIDENCE RATES GIVEN IN TABLES 25 AND 26.

(A) *Unified Control.*

	Urban Area.			Rural Area.		
	M.	F.	Total.	M.	F.	Total.
1. *Younger adults.*						
(*a*) Employable	175	190	365	220	310	530
(*b*) Unemployable :—						
(i) Walking cases ..	40	45	85	25	35	60
(ii) Cot and Chair cases ..	15	5	20	15	10	25
Total	230	240	470	260	355	615
2. *Older adults*	200	195	395	340	405	745
Total Adults	430	435	865	600	760	1,360
Lower Grade Children.						
(*a*) Class	95	70	165	100	70	170
(*b*) Untrainable :—						
(i) Walking cases ..	15	10	25	25	10	35
(ii) Cot and Chair cases ..	20	10	30	20	15	35
Total Children ..	130	90	220	145	95	240
Grand Total, Adults and Children	560	525	1,085	745	855	1,600

* An explanation of the figures in this Table is given in Chapter 5, page 162.

† The figures in these tables do not include feeble-minded children in need of Residential Special School accommodation.

Table 27—continued.

(B) (1) *Present Statutory Conditions.**

	Urban Area.			Rural Area		
	M.	F.	Total.	M.	F.	Total.
1. *Younger Adults.*						
(*a*) Employable	105	100	205	145	230	375
(*b*) Unemployable :—						
(i) Walking cases ..	20	25	45	15	25	40
(ii) Cot and Chair cases ..	5	—	5	5	5	10
Total	130	125	255	165	260	425
2. *Older Adults*	40	30	70	55	85	140
Total Adults	170	155	325	220	345	565
Lower Grade Children.						
(*a*) Class	75	60	135	95	60	155
(*b*) Untrainable :—						
(i) Walking cases ..	10	5	15	20	10	30
(ii) Cot and Chair cases ..	15	10	25	20	15	35
Total Children ..	100	75	175	135	85	220
Grand Total, Adults and Children.	270	230	500	355	430	785

* *See* footnotes on page 215.

Table 27—continued

(B) (2) *Present Statutory Conditions.**

	Urban Area.			Rural Area.		
	M.	F.	Total.	M.	F.	Total.
1. *Younger Adults.*						
(*a*) Employable	175	190	365	220	310	530
(*b*) Unemployable :—						
(i) Walking cases ..	40	45	85	25	35	60
(ii) Cot and Chair cases ..	15	5	20	15	10	25
Total	230	240	470	260	355	615
2. *Older Adults*	40	30	70	55	85	140
Total Adults	270	270	540	315	440	755
Lower Grade Children.						
(*a*) Class	95	70	165	100	70	170
(*b*) Untrainable :—						
(i) Walking cases ..	15	10	25	25	10	35
(ii) Cot and Chair cases ..	20	10	30	20	15	35
Total Children ..	130	90	220	145	95	240
Grand Total, Adults and Children	400	360	760	460	535	995

* *See* footnotes on page 215.

APPENDIX B.

MENTAL AND EDUCATIONAL TESTS.

Scale of Intelligence Tests.

Most of the tests comprising the scale used in the present investigation are those of the Binet-Simon Scale and its modifications, but a few new standardised tests have been added. The allocation of the tests to the various age-groups is based upon the standardisation made by Professor Burt with English children.

Ages I and II.

1. Eyes follow a light.
2. Grasps and handles objects.
3. Chooses sweet and not block of wood.
4. Unwraps paper before eating sweet.
5. Imitates simple arm-movements.

Age III.

1. Points to nose, eyes and mouth.
2. Knows sex.
3. Names knife, key, penny. (A and B.)
4. Gives name and surname.
5. Picture-enumeration. (O.)

Alternatives.

5a. Replaces nest of boxes.* (O.)
5b. Matches colours.† (O.)
5c. Repeats 2 numbers.

Age IV.

1. Repeats sentence (6–8 syllables).
2. Repeats 3 numbers.
3. Counts 4 pennies. (A and B.)
4. Compares lines. (B.)
5. Compares faces. (O.)

Alternatives.

5a. Discriminates forms. (O.)

Age V.

1. Copies square. (O.)
2. Triple order. (B.)
3. Repeats sentence (12 syllables).
4. Answers questions (Comprehension : 1st Series).
5. Repeats 4 numbers.

Age VI.

1. Counts 13 pennies. (A and B.)
2. Copies diamond. (O.)
3. Names 4 coins ($\frac{1}{2}d.$, $1d.$, $6d.$, $1s.$). (A and B.)
4. Repeats 5 numbers.
5. Distinguishes right and left.

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* The nest of boxes can be bought at most toy shops ; the set used in the present investigation consisted of five boxes. The child was first shown the boxes set one inside the other. The five boxes were then placed on the table in an indiscriminate order, and the child was asked to put them back one inside the other as they were at first. A time limit of three minutes was set.

† For this test 12 coloured counters, each 1 in. in diameter, were used. The set consisted of 3 counters of each of the primary colours—red, green, blue and yellow. All the counters were placed on the table in an indiscriminate order. The investigator picked up one of them and asked the child to choose a counter of the same colour from amongst those on the table.

Age V. (*continued*).

Alternatives.

5a. Gives age.
5b. Distinguishes morning and afternoon.
5c. Names 4 colours. (O.)
5d. Frame patience.* (O.)
5e. Compares 2 weights.

Age VII.

1. Recognises missing features. (O.)
2. Answers questions (Comprehension : 2nd Series).
3. Repeats 3 numbers backwards.
4. Adds 3 pennies and 3 halfpennies. (A and B.)
5. States difference (concrete objects.) (B.)

Alternatives.

5a. Ties bow-knot.
5b. Weekdays (with check questions).

Age IX.

1. Ball and field : inferior plan. (O.)
2. Repeats 6 numbers (once out of 2 trials).
3. Repeats 4 numbers backwards.
4. Names 6 coins ($\frac{1}{2}d.$, 1*d.*, 6*d.*, 1*s.*, 2*s.*, 2*s.* 6*d.*). (A.)
5. Gives easy rhymes.

Alternatives.

5a. Re-arranges mixed sentence (simple).†
5b. Counts stamps. (O.)
5c. Names months (without check questions).
5d. Tells time from watch. (A.)

Age VI. (*continued*)

Alternatives.

5a. Knows number of fingers.
5b. Names weekdays (without check questions).
5c. Defines by use.
5d. Pictures—description. (O.)
5e. Repeats sentence (16–18 syllables).

Age VIII.

1. Answers questions. (Comprehension : 3rd Series.)
2. Counts backwards (20–1).
3. States similarities (2 things).
4. Gives change of a shilling. (A.)
5. Vocabulary (20 words).

Alternatives.

5a. Reading (recalls 2 items). (B.)
5b. Definitions : Superior to use.
5c. Gives date.
5d. Repeats 6 numbers (once out of 3 trials).

Age X.

1. Names months (with check questions).
2. Makes sentence with 3 words.
3. Arranges 5 weights.
4. Draws from memory. (O.)
5. Vocabulary (30 words).

Alternatives.

5a. Reading : recalls 8 items. (B.)

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* This test is a modification of Binet-Simon's test of reconstructing a divided oblong card, which we do not regard as very suitable for young children. Instead of the divided card we used a rectangular block of wood, 4 in. by 3 in., which was cut diagonally and fitted into a wooden frame. The child was first shown the frame with the two triangular pieces fitted in it. The two pieces were then taken out of the frame and placed upon the table in the same relative positions as those indicated in the original test with the divided card.

† This is a simpler and easier form of the test of re-arranging mixed sentences in the original Binet-Simon Scale. (Age 12, Test 4.) The words of the following sentence, " The cat ran after the mouse and caught it," were printed on separate cards. These cards were placed on the table at random and the child was asked to arrange them so that the words made a complete sentence ; all the words had to be included in the completed sentence

Age XI.

1. Detects absurdities.
2. Answers questions. (Comprehension : 4th Series).
3. Gives 60 words in 3 minutes.
4. Repeats sentences (20–23 syllables).
5. Repeats 3 numbers backwards.

Alternatives.

5a. Gives right time from watch $\frac{1}{4}$-hour fast. (A.).

Age XII.

1. States similarities (3 things).
2. Vocabulary (40 words).
3. Ball and field : superior plan. (O.)
4. Re-arranges mixed sentences. (O.)
5. Pictures (Interpretation). (O.)

Age XIII.

1. Repeats 7 numbers (once out of 2 trials).
2. Definitions (abstract words).
3. Interprets fables (2 correct or equivalent).
4. Solves problem question.
5. Reverses hands of clock. (A.)

Age XIV.

1. Induction test (folded paper). (O.)
2. Arithmetical reasoning (O.)
3. Vocabulary (50 words).
4. States 3 differences between President and King.
5. Differences (abstract terms).

Scale of Intelligence Tests for the Blind.*

The scale of intelligence used in testing blind persons was the same as that used in testing normal persons, with the exception that a few tests were omitted. The omitted tests are indicated by the letter (O) after the tests given in the Scale of Intelligence Tests on the preceding pages. The omitted tests either required sight for their performance or were too difficult for blind persons with a mental age of 14 or less. It was also necessary to transpose a few of the tests—those marked (A) ; and other tests—those marked (B)—had to be modified so as to make them applicable to persons without sight.

The tests marked (A) presented greater difficulty to blind persons and were therefore transposed to a higher age-group of tests. Previous experience in testing blind children indicated that the following transpositions were necessary :—

Age III	test 3,	to age IV	Age VIII	test 4,	to age IX
,, IV	,, 3	,, V	,, IX	,, 4	,, XI
,, VI	,, 1	,, VII	,, IX	,, 5d	,, XI
,, VI	,, 3	,, VIII	,, XI	,, 5a	,, XIII
,, VII	,, 5a	,, VIII	,, XIII	,, 5	,, XIV
,, VII	,, 4	,, IX			

Many of the tests had to be altered a little in order that they should be applicable to blind persons ; those indicated by the letter (B) especially needed modification. The necessary changes are so obvious to persons conversant with mental testing that we need not describe them at length. An illustration is the modification adopted in Age VII, Test 5 ; the objects chosen are those of which a blind person has tactual experience, e.g., the difference between carpet and oil cloth. It is obvious that the blind child would find it much more difficult than the ordinary child to describe the difference between a fly and a butterfly, one of the tests usually given to normal children.

* Most of the tests applied in the examination of the blind and deaf had been standardised by Dr. A. C. Williams, and we wish to thank him most cordially for his kindness in allowing us to use the tests and for his valuable assistance in arranging the scales of intelligence for these two groups of children.

The only Performance Test we used with blind persons was the Seguin Form-Board. The records of the blind children with this test were especially interesting. It has been suggested by some investigators who have had considerable experience with blind persons, that children who fail to learn Braille as a rule make poor records with this form-board. The normal blind child, aged 6, is able to place all the blocks correctly if given sufficient time.

Scale of Intelligence Tests for the Deaf.

Comparatively few of the tests in the scales of intelligence used by Binet-Simon and subsequent investigators can be applied to the deaf as compared with the number applicable to the blind ; and this fact of itself indicates the verbal bias of these scales. The scale applied in testing deaf persons in the present investigation was very incomplete, but it includes all the tests known to us at the time to have been standardised with the deaf.

In the examination of deaf persons the following scale was supplemented by the Porteus Maze Tests.*

Ages I *and* II.

1. Eye follows the light.
2. Grasps and handles objects.
3. Chooses sweet and not block of wood.
4. Unwraps paper before eating sweet.
5. Imitates simple arm-movements.

Age III.

1. Replaces nest of boxes.
2. Matches colours.

Age IV.

1. Seguin Form-board.†
2. Discriminates forms.

Age V.

1. Frame patience.
2. Copies square.
3. Counts four objects.‡
4. Reproduces two numbers.§

Age VI.

1. Copies diamond.
2. Counts 13 objects.

Age VII.

1. Reproduces three numbers.
2. Adaptation Board.*
3. Ties bow-knot.
4. Recognises missing features.

Age VIII.

1. Reproduces truncated pyramid. (Binet.)

Age IX.

1. Reproduces 4 digits.
2. Reproduces scroll (Binet).
3. Healy picture completion—Test 1.*

Age X.

1. Healy construction—Test A.
2. Reproduces 5 digits.
3. Rearranges words in sentence order.‖

Age XII.

1. Healy construction—Test B.
2. Healy Picture Completion—Test 2.

---

* *See* Performance Tests, page 222.

† The time standards with this test for deaf children are as follows :—

Age	5	6	7	8	9	10
Time in seconds	50	46	37	32	29	23

‡ The number was indicated by holding up four fingers and the child was directed to take out four from a box containing about 40 beads.

§ The numbers were written plainly on a card and shown for 5 seconds.

‖ *See* footnote to Age IX, Test 5 (*a*) in Scale of Intelligence, page 219.

Performance Tests.

The conditions under which our investigation was conducted made it impossible to apply Performance Tests with the care and thoroughness that is practicable at a psychological clinic; nevertheless, several of these tests were used in supplementing our examination with the scale of intelligence. They proved most valuable and helpful, especially in the examination of the young children of lower grades, the feeble-minded with verbalistic propensities, the deaf-mute and the blind. The borderline standards with these tests for the various grades of mental defect correspond approximately with those indicated in Chapter 2 of this Report, the two chief being the mental age of 5½ to 6 as the upper borderline of imbecility and the mental age of 8 to 10 that of the feeble-minded. The recent publication of comprehensive manuals of Performance Tests* makes it unnecessary to describe in detail in this report the tests we used or the forms applied, and all we need do is to give the following list of the tests applied most frequently: the Seguin Form-Board, Porteus Maze tests†; Goddard's Adaptation Board; Healy's Construction, Tests A and B; and Healy's Picture Completion Tests 1 and 2.

Educational Tests.‡

READING (ACCURACY).

Age.					*No. of words.*
4—to	is	of	at	he	
my	up	or	no	an	10
5—his	for	sun	big	day	
sad	pot	wet	one	now	20
6—that	girl	went	boys	some	
just	told	love	water	things	30
7—carry	village	nurse	quickly	return	
known	journey	terror	obtain	tongue	40
8—shelves	scramble	twisted	beware	commenced	
scarcely	belief	steadiness	labourers	serious	50
9—projecting	fringe	luncheon	nourishment	overwhelmed	
urge	explorer	trudging	events	motionless	60
10—economy	formulate	exhausted	contemptuous	renown	
universal	circumstances	destiny	glycerine	atmosphere	70
11—perpetual	emergency	humanity	perambulating	ultimate	
apprehend	excessively	domineer	theory	reputation	80
12—physician	fatigue	philosopher	melodrama	autobiography	
constitutionally	champagne	encyclopedia	hypocritical	efficiency	90
13—melancholy	exorbitant	influential	terminology	palpable	
mercenary	contagion	fallacious	binocular	microscopical	100
14—atrocious	phlegmatic	refrigerator	unique	alienate	
eccentricity	ingratiating	subtlety	poignancy	phthisis	110

* A Manual of Individual Mental Tests and Testing: Bronner, Healy, Low and Shinberg. (Publishers—Little, Brown & Co., Boston.)

The Use of Performance Tests of Intelligence in Vocational Guidance: F. M. Earle, M. Milner and others. Medical Research Council; Industrial Fatigue Research Board's Report No. 53. (H.M. Stationery Office, 1929.)

† Complete sets of these tests are given in the "Handbook of Tests for Use in Schools": C. Burt. (Publishers—P. S. King & Son, Ltd., London.)

‡ The Educational Tests are those given by Professor Cyril Burt in his "Handbook of Tests for Use in Schools," published by P. S. King & Son, Ltd., London), to whose courtesy we are indebted for permission to reprint these Tests.

Reading (Comprehension).

*Graded Directions Test.**

Age 5—.

1. Get me a pen.

Age 6—.

2. Put a pin in the box.

3. Give the box to me and sit down.

4. Put two more pins into the box, and one near it on the table.

5. Lift your hands above your head, and look at me while I count 5.

6. Pick up the box again ; shake out the pins ; then give seven pins to me, holding them in your left hand.

Age 7—.

7. I have something in my pocket which I use to tell the time. Do not say what it is called, but tell me how many hands you think it has.

8. Open my book at page 8. Put the pencil between the leaves of the book. Shut the book. And then say to me " I have done what you asked."

9. Take this card with you and do all that it tells you. First, go outside the room. While you are outside, change the card into your other hand, and then come back and put the card on the table.

10. " So the shepherd brought his flock to the market ; and the animals were sold to make mutton, after their wool had been cut off to make cloth."

What kind of animals were they ?

11. Turn with your face toward the window before you read the rest of the card. When I tap, walk two steps away from me. When I tap again, raise your empty hand. When I tap the third time, do nothing. At the fourth tap, bring me the card.

Age 8—.

12. Here, she, believe, queen.

Each of these words has the latter " e " in it. Tell me which contains it the largest number of times.

Age 9—.

13. " The greenest buds of May,
The brightest flowers of June,
To me are never so gay,
As a brown October day,
With its golden sheaves,
And its crimson leaves,
And Autumn tints of decay."

Which month does the writer think the most beautiful—May, October, or June ?

Age 10—.

14. Look at the figures below. Cross out every 3 that comes after 4, except when the 4 follows an 0.

1	2	3	1	2	4	3	5	4	3	6	7	0	4	1	8	0	4	3	9
7	4	3	1	2	3	0	4	3	4	3	1	2	3	4	5	6	7	8	3

---

* The child is not required to read the test aloud but to carry out the instruction it conveys.

Age 11—.

15. "Yesterday," said Mrs. Jones, "our cook and the gardener had a race: and to my surprise the gardener won."

"What surprised you?" said Mr. Smith. "Surely you expected the man to beat the woman?"

"Yes," said Mrs. Jones, "but he didn't. You see our gardener is a land girl: and the cook is a Frenchman who used to work in a hotel kitchen."

Mr. Smith laughed. "Of course," he said, "I naturally thought your cook was a . . . . and your gardener a . . ."

Read Mr. Smith's last remark aloud, putting in the missing words.

Age 12—.

16. Take the squared paper and the pencil. Place a capital letter O on the fifth square in the top row. Now make a cross in the third square of the next row, unless there are more than six squares in this row, in which case you should write the first letter of your surname in the last square of the third row.

Age 13—.

17. Suppose that the blue lines on the paper are streets. With your pencil start from the black mark, and go straight on in the direction of the arrow, until you come to the fourth turning to the right. Go down this, take the third turning to your left and stop at the very next cross road.

SPELLING.

Age.					
5—a	it	cat	to	and	
the	on	up	if	box	
6—run	bad	but	will	pin	
cap	men	got	to-day	this	
7—table	even	fill	black	only	
coming	sorry	done	lesson	smoke	
8—money	sugar	number	bright	ticket	
speak	yellow	doctor	sometimes	already	
9—rough	raise	scrape	manner	publish	
touch	feel	answer	several	towel	
10—surface	pleasant	saucer	whistle	razor	
vegetable	improvement	succeed	beginning	accident	
11—decide	business	carriage	rogue	receive	
usually	pigeon	practical	quantity	knuckle	
12—distinguish	experience	disease	sympathy	illegal	
responsible	agriculture	intelligent	artificial	peculiar	
13—luxurious	conceited	leopard	barbarian	occasion	
disappoint	necessary	treacherous	descendant	precipice	
14—virtuous	memoranda	glazier	circuit	precision	
mosquito	promiscuous	assassinate	embarrassing	tyrannous	

ARITHMETIC.

Graded Oral Test: Mental.

Below the Educational Age of 4.

For children at the lowest mental levels, e.g., defectives of a mental age of 3—, who have never been to school, exercises of the following types may be recommended to test their "sense of number":

1. Show the child 1, 2, 3 or more fingers: ask him to do the same.

2. Show the child 3 or more beads, (*a*) arranged in some simple pattern like the pips upon a domino, (*b*) arranged in a single line (much harder) : ask him to pick out the same number.

3. Try the same exercises through other sensory channels : e.g., make him reproduce a given number of taps on the table, of taps on his own hand, of rhythmic movements impressed upon his arm—the child's eyes being shut

Age 4—.

1. How many fingers do I hold up ? (Showing 2.)

2. Let me hear how far you can count—one, two, three, ... (To pass, should recite the cardinal numbers to 10 at 4½ years, to 19 at 5½, to 21 or beyond at 6½ or above.)

3. If you had three pennies in this hand, and then I gave you one more, how many would you have altogether ? (Hold out the child's hand that he may visualise the money.)

4. How many halfpennies would you want to buy a penny bun ?

Age 5—.

1. If you had 5 nuts and gave 1 away, how many would be lett for yourself ?

2. Take 2 from 4. How many would be left ?

3. Four boys have given me a halfpenny each. How many pennies is that worth ?

4. I once had 4 pet mice in a cage. One died : one ran away : and one was eaten by the cat. How many were left ?

Age 6—.

1. How many do 6 and 3 make ?

2. How many ears are there on 3 donkeys ?

3. Write down (in figures) 35.

4. I have 3 pockets and 3 apples in each. How many is that altogether ?

Age 7—.

1. How many ½*d*. stamps can I buy for 9*d*. ?

2. I have 2*s*. to divide among 4 children. How much should each have if all are to have the same amount ?

3. How many days are there in 6 weeks ?

4. My brother is 4 ft. high. How many inches is that ?

Age 8—.

1. A boy has 20 marbles. Afterwards he won 3 and lost 5. How many had he then ?

2. How many penny stamps can I buy for 7*s*. ?

3. Mother gave me 2½*d*. Father gave me twice as much. How much have I altogether ?

4. Norton is 36 miles away. What would the fare be at 1*d*. a mile ?

Age 9—.

1. I have been for a week's holiday. I spent 6*d*. a day while I was away. How much should I have left out of 4*s*. ?

2. How many ounces are there in 1¾ lbs. ?

3. My bookshelf is 3½ ft. long. How many books will it hold if each is 1 inch thick ?

4 Share 1*s*. 3*d*. equally among 10 boys

Age 10—.

1. I get 6*d*. an hour : and I work 8 hours a day. How much can I earn in 5 days ?

2. I must be at the station a quarter of an hour before my train starts. It starts at five-and-twenty to one. When should I be there ?

3. My brother was born in 1899. How old will he be in 1930 ?

4. I posted a penny post-card every day in January. How much did the postage amount to ?

Group Tests.

The Group Tests used in the present investigation were the Otis Group Intelligence Tests* (Primary, Form A) ; but certain modifications were made so as to make the Tests more suitable for application to retarded children.

Each child was given a script, and requested to write his name and age on the first page. The children were then requested to put down their pencils while the examiner told them what they had to do.

The following instructions* were then given by the examiner :—

" In these booklets there are pictures and drawings, and I want to see if you can answer some questions about them. You will be told to make certain marks on these pictures and drawings ; you must do exactly what you are told, and do it as quickly as possible. In order to play this little game fairly, you must not look to see what any one else is doing. I want to know what you can do yourself. You must listen very carefully to everything I say, so that you will be sure to hear the first time, because I shall not repeat anything. Don't ask any questions. You must begin as soon as as I tell you, work quickly, and stop at once when I say ' Stop.' "

Test I.—Association Test.†

" Now open the book at page 1. Notice the first row of pictures at the top of the page. There is a leaf with a little cross under it, an apple with a little ring under it, a banana with a line under it, a pear with an up-and-down line under it, and some cherries with a dot under them. You are to put the same marks under the same pictures below the line. Now look at the next row of pictures. There you see an apple, banana, cherries, etc. Put a little ring under the apple, like the ring under the apple in the top row." (Pause 5 seconds.)

" Now put a line under the banana just like the line under the banana in the top row." (Pause 5 seconds.)

" Now put a round dot under the cherries like the dot under the cherries in the top row." (Pause 5 seconds.)

" Now put under the next banana the same kind of line that is under the other banana." (Pause 5 seconds.)

" Now what goes under the apple ? If you know, raise your hand." (Call for an answer, and when the right answer is given say) " Yes, a little ring, the same as before. Put the little ring under the apple." (Pause 5 seconds.)

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* A copy of these Tests is appended in the pocket at the end of this Report. The instructions regarding their use given in the following pages are substantially the same as those published in the " Manual of Directions for Primary and Advanced Examinations " for use with the Otis Group Intelligence Tests. Both the Tests and the Directions are strictly copyright, the publishers in Great Britain being Messrs. George G. Harrap & Co., Ltd., 39–41, Parker Street, London, W.C.2, to whose courtesy we are indebted for permission to reprint part of the instructions.

† This test is given first because it is the simplest, and also because it impresses upon the child the necessity for working quickly.

" Now put under the cherries the mark that belongs to them and do the same under the pear and apple." (Pause 10 seconds.)

" Now go right on with the other four rows and put under each picture the mark that belongs to it. Work quickly and see how many you can get done before I say ' Stop.' Ready, go ! "

Time given, half a minute.

" Stop ! Put down your pencils. Turn to the next page."

Test II.—Picture completion test.

" On this page are twelve pictures. Something is left out of each picture. Look at the first picture and think what is left out. If you know, raise your hand." (Call a pupil for an answer. Then say) " Yes, one eye is left out. Draw the eye where it should be." (Pause 5 seconds.) " Now there is only *one thing* left out of each picture. Look at each of the other pictures and, as quickly as you can, put in what is left out. See how many you can do before I say ' Stop.' Ready, go ! " (Time 2 minutes.)

" Stop ! Put down your pencils and turn to the next page."

Test III.—Instructions Test.

" Now look at the next page—the one with the pictures of little men in the corners. I am going to tell you to do something with your pencils to each of these pictures. Listen carefully, and work as quickly as you can. Notice the pictures at the top of the page."

(1) " Now take your pencils and put a tail on the cat that has no tail." (Pause 5 seconds.)

(2) " Next, look at the little man in the upper right-hand corner and draw a line for him to stand on." (Pause 5 seconds.)

(3) " Next, look at the second row of pictures and draw a ring round the doll." (Pause 5 seconds.)

(4) " Next, find the picture of something that can run, and draw a line under it." (Pause 5 seconds.)

(5) " Next, find the picture that is between the doll and the candle and make a little cross under it." (Pause 5 seconds.)

(6) " Next, find the picture of something that gives light and can be picked up. Make a round dot under it." (Pause 5 seconds.)

(7) " Next, draw a line from the Teddy Bear's ear to the rabbit's ear that will go under the sun." (Pause 5 seconds.)

(8) " Next, find the picture of a child's plaything that has large ears, and put a little ring under it." (Pause 10 seconds.)

(9) " Next, notice the chicks and eggs in the next row of pictures and draw more eggs so that there will be as many eggs as there are chicks." (Pause 10 seconds.)

(10) " Next, find the two chicks that look most alike and cross out the one between them." (Pause 5 seconds.)

(11) " Next, notice the pictures of hands. Draw a ring round the picture of the right hand." (Pause 5 seconds.)

(12) " Next, in the two rows of little drawings below the hands, cross out each ring that has a star under it." (Pause 10 seconds.)

(13) " Next, make a dot in each square that is between two stars." (Pause 10 seconds.)

(14) " Next, notice the large ring with a smaller ring in it. Put a cross in the space that is in the large ring but not in the smaller ring." (Pause 5 seconds.)

(15) " Next, in the middle drawing, put a cross in the space that is in all three rings." (Pause 5 seconds.)

(16) " Next, in the third drawing, in the corner, count all the rings, and write the number below the drawings." (Pause 10 seconds.)

" Stop ! Put down your pencils and turn to the next page."

Test IV.—Maze Test.

" Here you see pictures of little square boxes with walls in them and little paths between the walls. In the box in one upper corner you see a mouse, and in the other upper corner is a piece of cheese. And there is a line from the mouse to the cheese, showing just how the mouse would have to go, around through the paths, to get to the cheese. The line shows the *only* way to get to the cheese. If the mouse went into any other path, he would run up to a wall and have to turn and go back to the right path.

" Now you will see another piece of cheese in the box in the *lower* corner of the page. How would the mouse get to that piece of cheese ? When I say ' Ready, Go ! ' you are to draw a line to show just where the mouse would have to go to get to this other piece of cheese, in the lower corner. Be very careful not to go into any wrong path. See how far you can get before I say ' Stop,' without crossing over any wall or going into any wrong path. Ready, go ! " (Time 2 minutes.)

" Stop ! Put down your pencils. Turn to the next page."

Test V.—Picture sequence.

" Look at the three pictures at the top of the page. They tell a story of a bird building a nest and hatching out some little birds. You can see that the pictures are not in the right order. Which one should come first ? " (Call on a pupil. When the right answer is given, say) " Yes, the bird has to build her nest first, so put a figure 1 in the little square of the picture which shows the bird building her nest." (Pause 5 seconds.)

" Now which picture comes next ? " (Call on a pupil. When the right answer is given, say) " Yes, so put a figure 2 in the little square of the picture of the nest with the eggs in it, and put a figure 3 in the picture of the nest with the little birds in it. Always put the number in the small square in the corner of the picture." (Pause 5 seconds.)

" Now you are to do the same with all the other rows of pictures. In each row, find the picture that should come first and put a figure 1 in the corner of that picture. Then put a figure 2 in the picture that should come next, and so on. See how many rows you can get done before I say ' Stop.' Ready, go ! " (Time 2 minutes.)

" Stop ! Put down your pencils and turn to the next page."

Test VI.—Similarities.

" Look at the first row of pictures on this page. You will see that they are all small blocks, each with a different picture. The first three blocks have pictures with little crosses under them, and these three things—sun, lamp and match, *are alike*—all three give light. Now look at the pictures on the other five blocks in this row. Which of these things is *most like* the first three ? " (When the right answer is obtained, say) " Yes, the candle, because it also gives light. Now put a cross in the small square in the bottom corner of this block to show that this is the one that is most like the first three." (Pause 5 seconds.)

" Now in each of the other rows, in the same way, look at the first three pictures and see how they are alike ; then put a cross under the picture among the other five that is most like the first three. Remember, there is only *one* right answer in each row. Ready, go ! " (Time 2 minutes.) " Stop. Close your books."

The marking of the scripts.

The following maximum scores were allotted to each of the above tests :—

	Maximum score.
Test I	8
II	12
III	16
IV	16
V	22
VI	26
Total	100

Norms.

The following norms were established by testing 640 normal children, ages varying from seven to thirteen, and with approximately equal numbers in each age-group :—

Age.	*Average score.*
7	34
8	47
9	58
10	67
11	69
12	72
13	75

APPENDIX C.

FORMS USED IN THE INVESTIGATION.

FORM A.

School..... Dept.....

Please place on this form the names, etc., of the .....most backward pupils of each age from 9 to 14, i.e. 9–10, 10–11, 11–12, 12–13, 13–14. In the column for " Remarks " please indicate what you think is the chief cause of the child's backwardness, e.g. low intelligence, ill-health, irregular attendance, poor home conditions.

Name.	Address.	Date of Birth.	No. of Years retarded Education-ally.	Remarks.
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
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.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

FORM B.

Please place on this form the names, etc., of :—

(*a*) The ..... most backward children of each age *below nine.*
(*b*) Children of all ages suffering from paralysis or epilepsy.
(*c*) Children of all ages who are very abnormal temperamentally and those who have criminal tendencies.
(*d*) Pupils that have left your school who were regarded as mentally defective.

Name.	Address.	Date of Birth.	No. of Years retarded Education-ally.	Remarks.
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
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.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

M.D. 1.

BOARD OF EDUCATION AND BOARD OF CONTROL.

Mental Deficiency Committee.

Preliminary Report.

District.....

Name *Date of Birth.* *Age*
Address *Religion*

I. Personal History.

(1) Previous Illnesses

(2) Age when deficiency was first observed. Cause suggested.

(3) Age of (a) Talking ; (b) Walking .

(4) Can he or she without assistance
Wash ; Dress ; Feed .

(5) Gross Physical Defects, e.g., blind, deaf, paralysed, epileptic.

(6) General Behaviour, e.g., delinquency.

(7) Schools Attended.
Regularity Age and Standard on leaving.

(8) Occupation
(a) At Present. At Home useful or not useful.
(2) Remunerative Work.
Wages.
(b) First and subsequent Occupations. How long at each occupation and reasons for changes.

(9) (a) Whether previously certified under Lunacy Act, Idiots Acts, Mental Deficiency Act, or in Special (M.D.) School.
(b) Is defective receiving Poor Law Relief ?

II. Aetiological Factors.

(a) Family History.

(i)	Father	Mother
Age (state if dead)		
Health		
Mental Status		
Consanguinity		

(ii) Brothers and Sisters. Ages. History of Insanity, Mental Deficiency, Criminality, etc.

(iii) Other Relatives known to be abnormal mentally.

(b) Abnormal Pre-natal or Birth Conditions.

III. Home Conditions.

(a) Family Income Rent

(b) Number in family living at home Lodgers

(c) Conditions of House. Number of rooms ; cleanliness ; type of locality.

(d) Facilities at home for supervision, care, and training of the defective.

(e) Are the parents suitable guardians for defective, especially from the point of view of sex dangers ?

IV. Additional Information.

Should defective be visited at the Home ?

ADULT
M.D. 2.

BOARD OF EDUCATION AND BOARD OF CONTROL.

MENTAL DEFICIENCY COMMITTEE.

Medical Report.

District.....

Name of Defective *Date of Birth*

Address *Age*

I. **Physical Examination.**

(a) General Examination—deformities, stigmata.

(b) Special
(i) Sight
(ii) Hearing.
(iii) Speech.
(iv) Nose and Throat.
(v) Motor Responses : posture, gait.

II. **Mental Examination.**

(a) Mental Tests Mental Age.

No. of Test	AGE. Pass .. + Failure .. —									
	III	IV	V	VI	VII	VIII	IX	X	XI	XII
1										
2										
3										
4										
5										

(b) Performance and other Tests.

(c) General Knowledge.

(d) Observations on patient's responses.

(e) Temperamental features, *e.g.*, instability, nervous, psychosis.

(f) Personal and Social Qualities.

(g) Educational Attainments.
Reading
Writing
Calculation

(h) Practical Capabilities : special abilities and disabilities.

III. **Personal History.**

(a) Medical

(b) Social

IV. **Other Information.**

V. **Diagnosis.**

Idiot	Psychotic	Deaf-Mute
Imbecile	Psycho-neurotic	Blind
Feeble-minded	Dull	Physically Defective
Moral Imbecile	Epileptic	

VI. **Treatment Recommended.**

A (i) Subject to be dealt with, and why

(ii) Not subject to be dealt with

(a) Notifiable to the Board of Control (S.51).

B Suitable for (i) Institution { Trainable / Untrainable / Bed-ridden, cot and chair case / State Institution

(ii) Guardianship } Could or could not attend Occupation Centre,

(iii) Supervision }

VII. **Other Remarks.**

This Form of Report is in substitution for Schedule F (as modified in 1921) of the Board's Revised Model Arrangements dated 31st August, 1914. **Form 306 M.**

BOARD OF EDUCATION.

FORM OF REPORT ON CHILD EXAMINED FOR MENTAL DEFICIENCY.

N.B.—The Form should be filled in as fully as possible and all the information available stated under each heading. The actual conditions and achievements of the child should be recorded and such general terms as "good," "fair," etc., avoided.

Local Education Authority.....

I. Name of Child (in full).....

Address .....

Date of Birth.....Age (years and months).....

School .....

(If the child is not in attendance at School, state the name of the last School attended (if any) and the date upon which the child left.)

II. Physical Examination :—

(a) General (results of routine medical inspection).....

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.....

(b) Special :—

(1) Sight : blindness, total or partial, errors of refraction.....

.....

(2) Hearing : deaf-mutism, partial deafness, partial mutism.....

.....

(3) Speech : defective articulation, lalling, idioglossia, echolalia, etc.

.....

(4) Nose and throat : enlarged tonsils, adenoids, mouth breathing, otorrhœa.....

(5) Motor Mechanism : posture, gait, paralysis, etc.....

.....

(6) Deformities.....

(7) Cleanly habits.....Salivation .....

(8) Stigmata .....

III. Particulars of Environment, Home Conditions, etc.....

.....

Regularity of School Attendance.....

IV. Family History (in regard to insanity or other mental or nervous defect, criminality, epilepsy, alcoholism, illegitimacy, etc.).....

.....

.....

V. Personal History :—

(a) Constitutional defects, injury at birth or subsequently, malnutrition, rickets, fits, congenital syphilis, encephalitis lethargica, infectious and other diseases, accidents, etc.....

.....

(b) Commencement of

(1) Speech.....

(2) Walking .....

(3) Cleanly habits .....

VI. Personal and Social Qualities :—

e.g.,, appearance, general bearing, habits, self-care, self-protection, will power (initiative, concentration, purpose), co-operation with others, special aptitudes.....

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VII. Temperamental Conditions :—

(a) Abnormal manifestations of affection, temper, fear, destructiveness, spitefulness, acquisitiveness, docility, curiosity, aggressiveness, sullenness, excitability, solitariness, etc.....

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(b) Night terrors, food neuroses, wandering, etc.....

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(c) Abnormal manifestations of sex, stealing, cruelty, untruthfulness etc. Amenability to discipline or punishment .....

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VIII. Response to School and Home Environment :—

(a) Information gained from interrogation of the child.....

.....

.....

(b) Information obtained from others ; *e.g.*, parents, guardians, teachers, social agencies .....

.....

.....

IX. Response to School Instruction :—

The record should state precisely what the child can do under each heading, including the type of book (if any) the child can read, examples of the child's writing from copy and dictation and of sums worked and the forms of manual work it can undertake.

A report from the teacher should be appended and should indicate how far the child falls short in educational attainments of a normal child of similar age. If the child is old enough his attainments in reading, spelling, arithmetic, etc., should be expressed where possible in terms of a mental age, obtained by standardized scholastic tests.

(a) Expression by means of Speech.....

.....

.....

(b) Letters, words, reading.....

.....

.....

(c) Counting, manipulation (both mental and on paper) of simple numbers, simple money values.....

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(d) Writing (1) from copy ; (2) from dictation.....

.....

.....

(e) Manual work .....

.....

.....

X. Response to Intelligence Tests.

Mental Age (m)	.....
Actual Age (a)	.....
Mental Ratio $\left(\frac{m}{a} \times 100\right)$	.....

Specify the Tests used, *e.g.*, The Binet Simon, The Stanford Revision, recording the results in the table below. If Burt's or other revisions are used a separate table indicating the actual tests used at each age should be attached.

If in addition such Tests as Healy, Porteus, Word Association, etc., are used the results should be recorded on a separate sheet.

No. of Test.	AGE.								Pass.. .. + Failure .. −	
	III	IV	V	VI	VII	VIII	IX	X	XI	XII
1 ..	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
2 ..	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
3 ..	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
4 ..	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
5 ..	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
6 ..	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

XI. General Observations,

including the impression derived from the child's behaviour and response at the time of the examination.

XII. Diagnosis (underline the appropriate heading or headings) :—

(a) Physically defective—stating defect.

(b) Blind, or partially blind.

(c) Deaf-mute, or semi-mute or semi-deaf.

(d) Epileptic.

(e) Merely dull or backward.

(f) Neurotic, or unstable.

(g) Mentally defective (feeble-minded).

(h) Imbecile.

(i) Moral imbecile.

(j) Idiot.

XIII. Treatment recommended :—

(a) An ordinary class in a Public Elementary School. .....

(b) A special class for dull or backward children under the Public Elementary School Code. .....

(c) A Special School for Physically Defective, Blind, Deaf, or Mentally Defective children (state what type of school and also whether day or residential is recommended). .....

[By Special School is meant a School certified by the Board of Education under Section 52 (1) or Section 56 (1), as the case may be, of the Education Act, 1921. By Special School for Mentally Defective children is meant a school so certified for educable Mentally Defective (feeble-minded) children only.]

(d) Notification to the Local Authority under the Mental Deficiency Act, 1913. (State the Article of the Mental Deficiency (Notification of Children) Regulations, 1914, under which it is considered that the child's name should be notified.) .....

(e) Other recommendation, if any. .....

(Signed).....

Qualifications as

Medical Practitioner ..... Address .....

Official position (if any) under the Local Education Authority..... Date .....